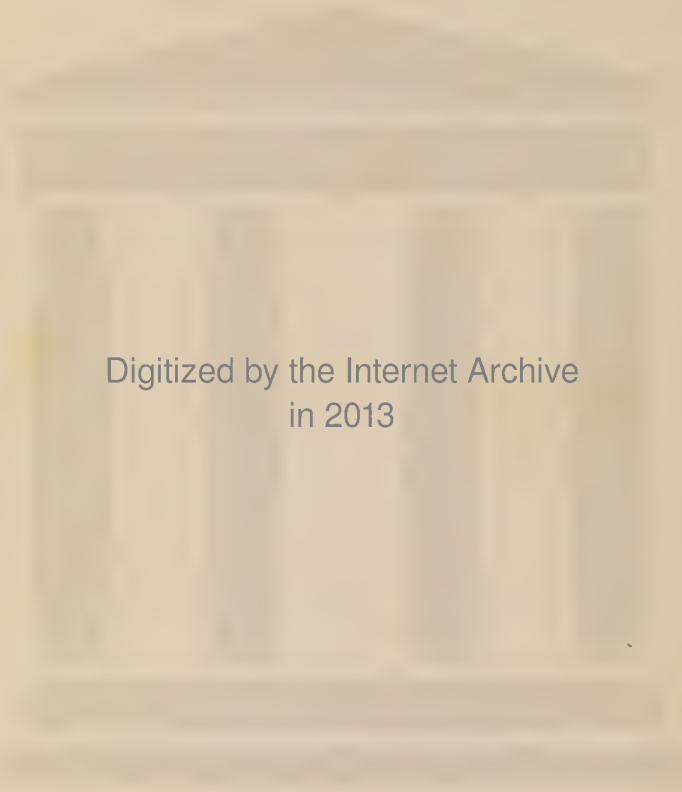




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NEW JERSEY STATE LUNATIC ASYLUM, TRENTON.



PLAN OF THE PRINCIPAL STORY
STATE LUNATIC ASYLUM
TRENTON N J

THE
AMERICAN
JOURNAL OF INSANITY,

EDITED BY

THE OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM, UTICA.

VOL. VI.

THE CARE OF THE HUMAN MIND IS THE MOST NOBLE BRANCH OF
MEDICINE.—GROTIUS.

U T I C A :

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1849-50.

CONTENTS OF VOL. VI.

NUMBER I.

ART. I.—Historical and descriptive Account of the N. J. State Lunatic Asylum, at Trenton, <i>with an engraving.</i> - - -	1
ART. II.—Statistics of Insane Hospitals, - - - - -	23
ART. III.—Fourth annual meeting of the Association of Medical Super- intendents of American Institutions for the Insane, -	52
ART. IV.—Life of James Macdonald, M. D. - - - - -	71
<i>Miscellany, &c.</i> - - - - -	92, 96

NUMBER II.

ART. I.—On a new form of disease, - - - - -	97
ART. II.—The relation between Phrenology and Insanity, - - -	127
ART. III.—On the importance of establishing separate Institutions for the different sexes of the insane, - - - - -	139
ART. IV.—Statistics of insanity, - - - - -	141
ART. V.—Discussion of mental diseases, - - - - -	145
ART. VI.—The Phillips' Will Case, - - - - -	160
ART. VII.—Life of Dr. Brigham, - - - - -	185
<i>Obituary,</i> - - - - -	192

NUMBER III.

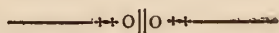
ART. I.—Houses and Institutions for the insane, - - - - -	193
ART. II.—On the coercive administration of food to the insane, - -	223
ART. III.—Letter from the English Commissioners in lunacy to the Lord Chancellor, - - - - -	235

ART. IV.—Homicidal Insanity—Trial of Ashbel Kellogg for the murder of his son, at Yorkville, Mich. Aug. 6, 1849, - -	247
ART. V.—The case of Charles Sprague, - - - -	254
ART. VI.—On the treatment of Insanity, - - - -	263
Miscellany, &c. - - - -	283, 338

NUMBER IV.

ART. I.—Diversities of Character, and delicate shades of insanity -	289
ART. II.—Lord Brougham on partial Insanity, - - - -	308
ART. III.—Insanity and Crime, - - - -	318
ART. IV.—Reports of Insane Hospitals, - - - -	322
ART. V.—Remarks on the Nottidge Case, - - - -	333
ART. VI.—Insanity in Syria, - - - -	351
Miscellany, &c. - - - -	355, 378

AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1849.



ARTICLE I.

Historical and Descriptive Account
OF THE
NEW JERSEY STATE LUNATIC ASYLUM,
AT TRENTON:

By H. A. BUTTOLPH, M. D., SUPERINTENDENT.

HISTORY.—The attention of the public, and especially the medical public of New Jersey, was first directed to the wants of the insane and the necessity of providing a State Asylum for their treatment, by Dr. Lyndon A. Smith, of Newark; in an address before the State Medical Society, in 1837.

In 1839, a joint resolution passed the Legislature, authorizing Governor Pennington to appoint commissioners to collect information in regard to the number and condition of the insane in the state, and if an Asylum was deemed necessary, to ascertain the best locality for the same, the cost of its erection, &c.

The members of this commission were Drs. Lyndon

A. Smith, of Newark; Lewis Condict, of Morristown; A. F. Taylor, of New Brunswick; C. G. McChesney, of Trenton; and L. Q. C. Elmer, Esq., of Cumberland County. After making diligent personal enquiries in relation to the subject committed to them, and visiting various institutions for the insane in other states, the committee reported the result of their observations to the Legislature, at the session of 1840-41. By this report, it appeared that there were at that time more than four hundred insane in the state, and that many of them were suffering for the want of appropriate treatment.

At the next session of the Legislature, the subject was referred to a joint committee who reported in favor of an appropriation for the erection of an Asylum, but no farther action was had in its favor.

In the year 1844, Miss D. L. Dix, of Massachusetts, visited the various receptacles for the insane poor of the state, and, in a memorial to the Legislature in 1845, urgently commended to that body, the subject of providing an asylum for their care and cure. Moved by the disinterested efforts and appeal of this distinguished and philanthropic lady, the Legislature appointed a joint committee which reported in favor of prompt action.

It also, the same year, appointed commissioners for selecting a suitable site, and appropriated the sum of ten thousand dollars to pay for the same, and twenty-five thousand towards the erection of the building.

The names of the commissioners were Daniel Haines, Thomas Arrowsmith, John S. Condict, Joseph Saunders, and Maurice Beesley. After visiting various localities in the state, the commissioners determined on the one on which the building stands, which is about two and a half miles north-west of the city of Trenton, and near the Delaware river.

The tract on which the edifice is situated, consists of one hundred and eleven acres of excellent land for farming and gardening purposes,—has on it an unfailing spring of pure soft water, and in all respects, is well adapted to the wants of such an institution.

The landscape view from the house and grounds adjoining, is one of great beauty and attraction, combining as it does, the diversified and highly cultivated land scenery of the valley of the Delaware, with a view of the river for two and a half miles to the city of Trenton.

On one side, the farm is bounded by the feeder of the Delaware and Raritan canal, by means of which the heavy articles of freight, as coal, lumber, etc., are brought to a wharf on the premises.

During the summer of 1845, Eli F. Cooley, Calvin Howell, and Samuel Rush were appointed commissioners, by Governor Stratton, to contract for and superintend the erection of the building; and after visiting various institutions for the insane in other states, and examining many plans, adopted the draft of design by Dr. T. S. Kirkbride, of the "Pennsylvania Hospital for the Insane," from which a working plan was subsequently made by the architect, J. Notman; and which, with some modification of details, is represented by the accompanying engravings.

The asylum occupies a central position on the most elevated point of land belonging to it, and is directly in front of a beautiful grove of timber thirty acres in extent, through which passes a winding carriage road from the main highway to the house. By this arrangement, an agreeable entrance is furnished for public use, without any infringement of the private grounds, for patients of either sex, which are embraced within suitable enclo-

tures, and consist of the lawn in front, the open ground adjoining either extremity of the building, and a portion of the grove in the rear. The grounds are to be arranged with walks, planted with trees, flowering and ever-green shrubs, etc., according to a tasteful design by A. J. Downing, landscape gardener; which design is represented in part by the engraving, and will be understood by reference to the foregoing view.

The land used for gardening purposes, is situated immediately adjoining the pleasure grounds for men, so that patients may readily pass from one to the other, according as they may desire light amusement in the grounds, or the more substantial exercise of labor in the garden.

BUILDING.—The building is constructed of reddish sand stone, laid in rouble and broken range work and pointed, with hammer dressed stone for base, corners, water-table, window-sills, and caps, and covered with a roof of slate, except the dome, which is of tin. An area four feet in width is formed of stone flagging around the base of the entire walls, for preventing the drip from the roofs and conductors, from injuring the foundation.

The edifice is placed two steps above ground, and the earth excavated beneath the entire structure to the depth of six feet; thereby preventing decay from dampness, and forming extensive air-chambers, from which the house is warmed, cellars for vegetables, a smith's forging and repairing shop, store rooms for fuel, etc.

The building is of the simplest style of architecture, and consists of a central portion and two ranges of lateral wings on either side. The centre is sixty feet wide, eighty-four deep, and four stories high including the basement. It is ornamented in front by a Tuscan

portico, supported by six columns, and surmounted by a dome.

The wings adjoining the centre are one hundred and twenty feet long by thirty nine wide, and three stories high including the basement. At the points where they overlap the second range, the two are eighty-four feet wide and four stories high.

The extended wings are one hundred and twenty-four feet long, with the same general height and width as the former, except at the terminating pavilions, where they are fifty-nine feet wide.

By the overlapping of the first and second ranges on either side, the total length is diminished sixty-eight feet. The wings are each surmounted by a campanile, open on all sides near the top, which aside from their use as ornamental appendages are valuable aids to the ventilation, by favoring the draught of foul air to those points.

A boldly projecting cornice surrounds the whole structure, and from its great size, adds much to the architectural effect. The well arranged advancing and receding disposition of the wings, the variety in height, and the fine proportion of the several masses of building, also contribute to the same object, and relieves it of the monotonous appearance, to which it would otherwise be subject from its great length, four hundred and eighty feet.

The interior of the building is finished in a plain, substantial manner, the floors being laid with yellow pine stuff, with counter floors beneath, and the walls plastered with "hard finish." The wood work of the principal stories of the centre are grained in imitation of oak and varnished, as are also many parts of the wings.

It is intended to describe the interior arrangements, in

a general way only, except in those points in which they are peculiar to this establishment, the design or use of the parts being sufficiently explained by the accompanying plan, and table of reference thereto.

FORM.—On the subject of the most advantageous form of building for the insane, there is still some diversity of opinion among practical men, both in our own country and in Europe.

The Radiated, the Ξ form, the Quadrangular, and the Lineal, have each their peculiar excellencies, but associated with some defects. The last two mentioned, are the forms more generally adopted in this country. By reference to the plan, it will be observed that a modification of the Lineal form is the one adopted in this institution,—the second range of wings falling back from the line of the first, and then continued in the same direction.

By this arrangement, the perfect separation of the sexes is accomplished; the noisy are removed a sufficient distance from the centre; the lighting and natural ventilation of the whole house is made perfect, and the facilities for classification, general inspection by the officers and attendants, and communication between the wings and chapel, reception rooms, and other parts of the centre building, are all that are required.

From a building of this form, also the principal landscape view is visible to patients in all parts of the house, which is not the case to the same extent, in the other forms mentioned. The house will accommodate two hundred patients, and is arranged for seven classes of each sex,—the seventh being made by a division of the lower ward of the extended wings.

Each of the general divisions or wards being supplied

with all the fixtures necessary to render them independent of others.

The wards for quiet patients consist of a corridor or hall, twelve feet wide, well lighted by windows at each end opening from the ceiling to the floor, a common parlor, dining room, dumb-waiter, speaking tube and bell, single bed rooms, one or more associated dormitories, accommodating from two to eight beds, and adjoining which, with inspection windows between, are the attendants rooms; a bath and sink room, water closet, clothes room, in which is also a soiled clothes funnel. The windows of the wings consist of two sash each, the upper being of cast iron and fixed, the lower of wood, suspended by weights, and protected externally by a light ornamental guard of wrought iron,—the size of glass is six by fifteen inches.

The bed rooms are situated on both sides of the corridors, an arrangement which is not found objectionable, when the latter are of moderate length, well lighted at the extremities, and when each division is supplied with a common parlor or sitting room, commanding a view of the external scenery.

In the excited wards, the halls or alcoves therein are used in place of sitting rooms, and a common dining room for all the patients in the sixth and seventh wards who are able to take their food at the table. The rooms for the violent are fitted with inside window shutters of wire or wood, hinged and locked, and an extra door in lattice form. A portion of the rooms for this class of either sex, also open upon a cross hall and are fitted with closets supplied with water from the hall side, and having drainage, and those for men, lined with yellow pine boards, grooved and matched, and which with the floors, are finished with a coating of boiled oil. These latter rooms in respect to finish, have giv-

an entire satisfaction, being strong, easily kept clean, and not liable to receive injury, as are those finished with plaster or cement. It is anticipated that an extension of the accommodations for this class will be required when the house is full, and which can readily be effected by the erection of lodge buildings near the extremities of the present edifice, and connected with it by a covered way.

The triple windows at the ends of the halls for the excited classes, embracing the fifth, sixth, and seventh of each sex, are protected by open partitions formed of iron rods and wood, and placed across the hall a few feet from the windows. By this means, these divisions have the full benefit of the light and air without any exposure of the glass. The spaces can also be made ornamental appendages to the hall, by being used for stands of flowering plants, birds in cages, etc.

The wards for quiet and convalescent patients of both wings open directly into pleasure grounds which consist as before mentioned, of a number of acres for each sex, and admit of farther sub-division if found necessary. The airing courts for the excited classes, are embraced within the general pleasure ground, and so situated in the rear of the associated dormitories and attendants' rooms of the extended wings, that they are not overlooked from the building during the day, by the convalescent class above. They are large yards, entered directly from the cross halls of the seventh wards, and have the benefit of sun in one extremity, and the shade of large forest trees in the other.

The advantages to the inmates of easily accessible, large and attractive pleasure grounds, can scarcely be conceived by persons not familiar from experience, with the effect of the necessary restraints of such an institu-

tion. The healthful influence of daily exercise in the open air, is no less conspicuous in its invigorating effects on delicate and deranged bodily functions, than in its tranquilizing or cheering influence upon mind and feelings, morbidly excited, perverted, or depressed. Again, the cheerfulness and contentment resulting from variety of scene, occupation and amusement during the day, strongly contributes to secure quiet and refreshing sleep at night, a thing of the utmost importance in the treatment of "minds diseased."

FIXTURES.—A larger expenditure has been made in preparing the various fixtures of the building than is usual in completing institutions of this kind. It was however, thought desirable to adopt modern improvements of established utility, and believed that in the use, they would prove more economical than those of less perfect and durable construction.

The account of fixtures which follows was taken in part, from the first annual report of the superintendent of the institution and it is hoped may prove interesting, especially to those engaged in supplying this class of conveniences to similar establishments.

WARMING AND VENTILATION.—The warming and ventilation of buildings of this kind are subjects of primary importance,—indeed the comfort and health of the inmates is so dependent on the temperature and purity of the air, that no economical or other consideration should be allowed to interpose obstacles to the best plans. Hence, the general system of warming and ventilation should be anticipated by the architect, and provision made for carrying them out in commencing the foundation walls, which was the case in regard to this building, and although the details of the plan of warming by steam was not fully anticipated, and some of the con-

templated details of a forced ventilation have since been modified, yet, by the aid of the warming apparatus and the architectural and other arrangements provided, these objects have been secured to a degree highly satisfactory.

The warming is effected by steam generated by four tubular boilers, each three and a half feet in diameter, and sixteen feet long; placed in the ground story of the centre building, two on either side; the steam circulating through double ranges of wrought iron pipe placed on either side of the air chambers beneath the corridors of the wings. These chambers are seven feet high, twelve feet wide and correspond in length to the two ranges of wings on either side of the centre building,—the latter, being warmed from separate chambers under the centre hall. On one side of the chambers, the steam is sent through two ranges of nine pipes each, one being three-fourths of an inch, and the other one inch in diameter, supported by cast iron brackets bolted to uprights of the same metal, and laid in a declining posture from the boilers to the extreme ends of the wings, so that the water resulting from the condensation of steam flows to those points, and is again returned to the boilers by a pipe one inch and a half in diameter, and placed beneath the ranges for steam—the connection of the latter being with the bottom of the boilers.

In mild weather sufficient heat is produced by the circulation of steam and water from and to the boilers, but in severe weather, a portion of the condensed water is allowed to escape in the waste, that a more active circulation of steam may be secured.

On the opposite side of the chambers, the steam passes directly from the boilers through single pipes two inches in diameter to their extremities, and is thus delivered

hot at those points ; from whence it is again returned to the boilers, through similar ranges as those first described. An extra tier of brackets is placed to support a third range of pipe if needed. The only change in the arrangement of the heating surface suggested by the experience of the past year, is to equalize the heat more fully, by sending steam directly to the extreme ends of the chambers, on both sides—the extra heat from the boilers, being found to give the advantage in warming, to the wings adjoining the centre. Midway in the length of each wing are placed expansion boxes in all the steam pipes, to allow of their variation in length, in heating and cooling. Each range of pipe is also fitted with stop valves, so that steam may be admitted to circulate through one or more according to the effect required by the external temperature.

The arrangement for warming the centre is similar to that for the wings, three tiers of pipe being used in each of the two chambers, which are about three feet wide, and eighteen feet long.

The two sets of boilers are united by a connecting pipe, so that either of the four may be in or out of use, as required. The steam is used at a low pressure, usually about twenty five pounds to the inch, and the boilers supplied with water from the tanks in the dome, by its own gravity.

The small wrought iron pipe is used in place of large cast iron, for the purpose of economizing steam by presenting a larger heating surface, and also, from the fact that the fixed and moveable joints are made and repaired with greater facility in the former than in the latter. In severe weather the two boilers consume from two to three tons of coal per day, and are attended by one fireman whose only qualifications are those of an intelligent

laborer. Besides warming the building throughout, they furnish steam for heating all the water required for bathing and other purposes in the wings, and for cooking vegetables, etc., in the kitchen.

The air chambers are supplied with cold air through openings in the side walls near the ground, and the warm air allowed to escape from the top through flues nine inches square in the same walls, to the corridors and rooms above; a separate flue being used for each story, and a valvular register placed at the outlet, which is generally near the floor, for regulating the degree of heat or quantity of warm air. The temperature of the air near the top of the chamber varies from 120° to 140° of Fahrenheit, and when admitted to the wards above, is of a mild, bland character, nearly approximating the sensible qualities of summer air, and producing none of the irritating and oppressive effects of furnace heat, upon the lungs and brain. The arrangement for admitting it at many points, by about two hundred openings with register serves to equalize the temperature more perfectly than can be done by other modes. The parlors, dining rooms and a portion of the bed rooms, are warmed by registers opening into them, the others are warmed in the usual way from the halls, by the passage of warm air through an opening over the door of each room.

The ventilation is effected by means of openings from near the top of each room into other flues of the mean size as those for the transmission of heat. These terminate in horizontal tanks in the attics that lead to the upright foul air shafts, situated beneath the campaniles, where the air is discharged. The upright shafts are constructed of brick, two feet square in the clear, and heated by the passage through them of steam pipes on their way to and from the hot water tanks; the steam

serving the double purpose of assisting the ventilation and heating water for bathing and other purposes in the wings. This plan of assisting the ventilation by heat from steam pipes, does not differ in principle from one of the original designs, which contemplated an upward forced ventilation by the aid of fires either at the bottom or top of the perpendicular shafts. In connection with the mode of warming adopted, the plan of ventilation in use, is more convenient, more secure against accidents from fire, more economical and perhaps quite as effective, as the former design.

LIGHTING.—The house is lighted throughout by means of gas made from oil, and presents a very cheerful aspect at night. The fixtures connected with the manufacture of gas, are situated in the grove two hundred and fifty feet from the rear of the centre building, and consist of a stone structure one story high, which contains the generating apparatus, a gasometer made to contain thirteen hundred cubic feet, beneath which is a well, lined with brick, laid in cement and plastered with the same material. Over the well is erected an open ornamental structure of wood for suspending the gasometer. Our gas is made according to Crutchett's method, which consists mainly in the admixture of a certain portion of atmospheric air. It burns with a pure white flame, and is free from odor and smoke during combustion.

The advantage of gas light over other methods, are, greater security against fire, a thing of the utmost importance in a building of this kind,—convenience and cleanliness in use, greater perfection of light, and lastly, of economy, when the degree of light furnished, is taken into account.

In the principal rooms and halls of the centre building, are ornamental bronzed pendants, with double, triple,

or quadruple lights, with the addition of bracket lights, where required. In each of the halls of the wings, are three plain bronzed double pendants, with swing joints near the ceiling, for turning them up if necessary,—in the sitting and dining rooms, are also one double pendant of the same description, and in the attendants' rooms, associated dormitories, bath and clothes rooms, stairways, cross passages, and a portion of the bed rooms, are single plain brackets or pendant lights. The burners are of the bat-wing form, and are three hundred in number. Of course only a portion of this number are in use at one time. The consumption of gas per night, averaging the year, is about four hundred cubic feet.

BATHS.—There are seventeen bath tubs in the house, made of cast iron, painted within, placed on a low platform, encased in wood, and fitted to admit of both supply and waste through one opening in the bottom. This mode of supply prevents the escape of steam into the room, and is not attended with the usual danger of scalding, if hot water is drawn while a person is bathing. The supply and waste valves are enclosed and locked at the foot of the tubs, and only accessible to the attendants.

In each bath room is a wash hand sink of cast iron, also painted within and encased, and having two fixed bowls of enameled iron in the bottom, each bowl as well as a depressed end of the sink, being supplied with cold and hot water. The bowls are fitted with brass strainers, and the waste pipes leading from them, controlled by valve rods on the back of the sink.

WATER CLOSETS.—The water closets are in adjoining rooms to the bath and sink rooms. They are made in the funnel or hopper form of cast iron, enamelled within, and supplied with water by the opening of the door,—the water being admitted to the closet behind a depend-

ing flange around the top, which gives it a circular and downward direction over the whole interior surface. The closets are elevated upon a platform ten inches high to admit the trap to be placed on the floor of the room, by which means they are made accessible for cleansing and repairs, in case of obstruction or breakage. The traps are made of strong lead, in the D form, having cleansing valves on the top, and through them pass all the waste water from the baths and sinks, which contributes much to secure perfect cleanliness. The quantity of water furnished by opening the closet room door, is regulated by a stop cock in the supply pipe, and the drainage from closets in different stories, effected by their uniting in the usual way, with an upright waste pipe of lead, which discharges into the general sewer below.

SUPPLY OF WATER.—The house is supplied with water from the spring on the premises, and is good for all purposes. It is raised by two forcing pumps, one being driven by the surplus water of the spring, the other by steam power, and is capable of raising three thousand gallons per hour. The water is deposited in four wrought iron tanks in the dome of the centre building, which together hold five thousand gallons. The pumps and apparatus for driving them, are enclosed within a suitable building near the spring. From the tanks water is supplied to all parts of the main building, the wash and gas houses, and to a fountain in front of the portico not yet completed. In the attics of the wings at the points where they overlap, are placed single tanks of wrought iron, holding about five hundred gallons each,—they are supplied from those in the centre, and to them is sent steam for heating the water for bathing and other purposes. Wrought iron pipe is used in all cases for conducting steam, water and gas, and for these purposes there are

more than five miles of it in length. It is much cheaper than copper or even strong lead, and is not liable to constant bursting as is the latter metal, when used under high pressure. In case of obstruction, when used for waste pipes, it is easily cleansed, the union of lengths being made by coupling screws and where danger is apprehended, by the addition of a running socket.

KITCHENS.—The two rear rooms in the basement of the centre are used as kitchens, and contain the apparatus for cooking. In one is a small range and other appropriate fixtures for cooking for the resident officers and their families, and communicates with a private dining room in the second story, by bell, speaking tube and dumb waiter. In the other, the cooking is done for the wings, and is furnished with a cooking range eleven and a half feet long, having two fires, three large ovens and many other conveniencies.

Behind this range in its whole extent, is a wrought iron boiler twelve inches in diameter, supplied with cold water from the tanks, and receiving the surplus heat of the range. This boiler furnishes hot water for nearly all purposes in the kitchens, and from it hot water is drawn in each story of the centre building above, the hot water pipe finally discharging into one of the tanks, through its open extremity. By the latter provision, the boiler and pipes are saved from the severe pressure that may arise from the expansion of the water in heating, or from the formation of steam, which occasionally occurs.

Behind the range in each room is also a hot air chamber, from which the reception rooms for patients and the chapel are principally warmed in winter, the warm air being discharged into smoke flues of the chimneys, in the summer. Between the principal

kitchens and the dining rooms of the wards, and between various other apartments are bells and speaking tubes, which greatly facilitates the transmission of intelligence.

In a small room adjoining the principal kitchen is a steam closet, ten feet long, eight feet eight inches high, and two feet nine inches wide or deep. The frame work is of cast, and the back ends, and top, of wrought iron. It has one iron kettle supported on a bed plate, for boiling meats and making soup, and five tin steamers supported on a floor of cast bars, for cooking various kinds of vegetables,—the supply of steam to each vessel being regulated by stop valves. Beneath the kettle and steamers is placed a drip pan of sheet iron, declining to one end, and having a waste pipe discharging into the general sewer. The front of the closet is open except four upright fluted pilasters, which constitute a part of the frame work, and a horizontal facie with moulding cornice across the top. The closet is ventilated from the top, into a chimney with which two of the steam boilers are connected; the draught being so strong as to carry off entirely, the escape steam and odor in cooking. The whole is painted a dark stone color and varnished and is very easily kept in order. Although an expensive fixture in material and construction, yet from its perfect adaptation to the purpose intended, and its indestructible character, it is believed that it will prove economical in use.

Near the steam closet is a large iron sink supplied with cold and hot water, and having drainage, where the vegetables are washed and prepared for cooking.

The food is sent to the dining rooms of the wards by dumb-waiters, in close tin boxes, which protects it from dust and retains the heat.

The dumb-waiters are constructed to be served from the bottom or from each story above,—the danger of breakage and other accidents from their falling, being prevented by the working of a cog-wheel at right angles with the thread of an endless screw, which holds them at any point where they stop.

BAKERY, ETC.—In the basement story of the west wing adjoining the centre is the bakery, and in the corresponding part of the east wing are sewing and ironing rooms, which are reached from the wards by patients and others, by a private stairway. In the hall adjoining the sewing and ironing rooms, are a series of wardrobes for containing the ironed and repaired clothes from the laundry, which daily and weekly accumulate, and from whence they are sent to the wards where they belong.

DRAINAGE.—The drainage of the building is effected through the medium of a cast iron pipe ten inches in diameter and about eleven hundred feet long. It is situated in the cellar of the centre building and wings adjoining, and receives the waste from all parts of the house, except the extreme end of the extended wing east, which is drained through a six inch iron pipe, into a separate reservoir. The large pipe is laid with lead joints, supported on piers above ground and has a descent of six feet in three hundred, while passing through the cellar. It finally discharges its soil into a reservoir forty by fifty feet in extent, five feet deep, lined with a stone wall, and so covered as to admit of free ventilation. By the aid of this deposite it is expected that a large quantity of compost will annually be made for enriching the garden and farm.

LAUNDRY.—The washing is done in a detached building on the premises, by which arrangement all offen-

sive odors connected therewith is removed from the main edifice. The fixtures are of approved construction, and consist of a small upright tubular boiler for heating water, fixed tubs for washing and boiling clothes, a drying press, the room having a stone floor with drainage into the general sewer, as it passes the house. In another apartment is a drying closet heated by steam pipes, and in the attic story, tanks for cold and hot water, which together hold about one thousand gallons. The building containing these arrangements is a farm house, which also accommodates the man and his wife in charge of the washing, besides containing rooms for storeage and other purposes.

ORGANIZATION.—The government of the asylum is vested in a board of ten managers originally appointed by the Legislature, but whose places are to be supplied in future by the supreme court. Their term of service continues five years, and is performed gratuitously. To them is committed the general direction and control of all the property and concerns of the institution, not otherwise provided for by law. They are empowered to establish by-laws for regulating the appointment and duties of the resident officers, attendants, and assistants, and for fixing the conditions of admission, support, and discharge of patients,—they may also take and hold in trust for the state, any grant or devise of land or other donation, to be applied to the maintenance of insane persons, or the general use of the asylum. They appoint the superintendent and treasurer of the institution, and upon the nomination of the former, the assistant physicians, steward and matron; and with the approval of the Governor of the state, determine the annual salaries and allowances of the officers. They also visit the asylum by a committee of one member, weekly; of two, monthly; of a majority, quarterly; and of the whole, annually.

SUPERINTENDENT.—The superintendent is required to be a well educated physician, and is the chief executive officer of the asylum; he resides in the building, prescribes the medical and other treatment of the patients, has the general superintendence of the buildings, grounds and farm, together with their furniture, fixtures, and stock, and the direction and control of all persons therein, subject to the by-laws of the managers.

TREASURER.—The treasurer, under the direction of the managers, receives, holds, and disburses all moneys granted by the Legislature, or obtained from other sources, for the use of the asylum; and once in each year, or oftener, if required, exhibits an account of his receipts and expenditures, with the vouchers therefor, for the examination of the board.

ASSISTANT PHYSICIAN.—The assistant physician is the apothecary of the institution, and sees that all prescriptions are properly administered. He accompanies the superintendent in his regular morning visit to the wards of patients, and often sees the male patients at other times,—gives especial care to the excited and sick, assists to keep the record of cases, etc., and also performs the duties and is subject to the responsibilities of the superintendent in his sickness or absence.

STEWARD.—The steward, under direction of the superintendent, makes all purchases for the institution, attends to the business of the farm, garden and grounds, and also keeps and settles the accounts.

MATRON.—The matron, under the general direction of the superintendent, has the charge of the domestic concerns of the institution, and the more immediate care of the female patients. She devises occupation and amusements for the quiet and convalescent classes, and pays particular attention to the excited and sick. She in-

structs the female attendants and assistants in regard to the manner of performing their duties—accompanying the superintendent in his daily visit to the female wards, acquaints him of the circumstances and wants of each case, and also, with him, frequently visits the wards occupied by the men.

COST OF BUILDING, ETC.—The appropriations of money by the state for the purposes of the institution, amount to \$153,861 90, which includes the original cost of farm, the erection of the building, the various fixtures heretofore described, the furniture, stock for farm, grading and improving grounds, making fences, etc.; and which it is expected will nearly cover the expense of preparing the institution for the reception and care of two hundred patients. The annual salaries of the resident officers and treasurer, are paid by the state, and the current expenses of the institution, in part from the board of patients, public and private, and in part also, by appropriations from the state treasury.

ADMISSION OF PATIENTS.—The institution was primarily intended as a hospital and home for the poor and indigent insane. Yet, excellent provision has been made for the care and comfort of other classes, who may need its assistance, and seek admission to its wards. Until the building is filled, by the classes having preference by law, and at all times, when there are vacancies, private applicants will be received, and those from other states, on the same terms as citizens of New Jersey. The preliminary steps to the admission of private patients, are, a written request for admission by some friend, a certificate of insanity by two physicians under oath, and a bond for support, removal, &c.

RESULTS OF FIRST YEAR.—Of the one hundred and fourteen persons admitted during the first year, after

opening the institution: viz, from the 15th of May, 1848, to the 15th of May, 1849, twenty-four were discharged recovered, five improved, and three died, shewing a very gratifying measure of success in treatment—inducing the hope that still more favorable results may be obtained in future; and also, that the Asylum may long remain a monument of the enlightened christian benevolence of the age and state that gave it being.

MAY 16TH, 1849.

REFERENCES TO PLAN.—A—Portico; B—Entrance Hall; C—Halls of Centre and Wards; D—Superintendent's Office; E—Manager's Room and Public Parlor; F—Apothecary Room and Steward's Office; G—Medical Stores; H—Reception Parlor for Patients; I—Stairs; J—Assistant Physician's Room; K—Dining Rooms; L—Parlors of Wards; M—Bath Rooms; N—Water Closets; O—Clothes Rooms; P—Passage between 1st and 2d Wards; Q—Associated Dormitories; R—Attendants' Rooms; S—Spaces for Light and Air; Blank Rooms, (Single Bed Rooms for Patients;) □ Foul Air Shafts; ▢ Dumb Waiters; ◻◻ Chimneys.

The Centre Building is four stories high, including the basement. In the first story are the Steward's Apartments, Kitchens, Store Rooms, etc. In the second or principal story, the Public Offices, Parlors, &c. In the third are the Superintendent's Private Rooms and the Chapel; the latter being twenty-two by fifty-seven feet in the clear, and opening directly into the upper wards, for patients of either sex. The rooms in the fourth story are used as sleeping apartments.

NOTE.—For much information relating to the preliminary movements in the state in favor of an Asylum, the author is indebted to a well written article in the "New Jersey Medical Reporter," for January, 1848, by the editor, JOSEPH PARRISH, M. D.

ARTICLE II.

The Statistics of Insane Hospitals.

BY I. RAY, M. D.,

*Superintendent of the Butler Hospital for the Insane,
Providence, Rhode Island.*

FEW PERSONS, I believe, who are practically acquainted with the subject, are quite satisfied with the present methods of reporting the results of management in hospitals for the insane, or are prepared to yield entire confidence in the general conclusions to which they lead. Certainly the wish has often been expressed that greater uniformity were observed in these methods, and that certain conditions and events connected with the subject, were more accurately defined. The evil in question has often been deplored by writers who have the strongest and most enlightened faith in the utility of this kind of statistics, and until it is remedied, our most carefully elaborated conclusions can challenge but little confidence, and we never can be sure, after all our pains, that we have made any positive advances in knowledge. General rules and principles that are fairly drawn from observations, have always been regarded as preëminently safe, and this strictly inductive method of inquiry is now universally considered as the most effectual means of arriving at the truth. It would seem as if results like these could not be otherwise than correct, because they are but the general expression of the facts themselves. It is this very

appearance of certainty which sometimes, as in the present case, blinds us to the actual fallacy, and we go on accumulating and hugging our treasures of knowledge as we fancy them, until we find at last that we have been ingeniously deceiving ourselves with an empty show, while the substance has completely escaped us.

Statistics has become a favorite instrument for developing truth, and is now applied to branches of inquiry which, a few years since, were scarcely supposed to be within its reach. That it was capable of eliciting physical truth with an extent and accuracy then not thought of, might not have been a wild supposition, but no one dreamed of seeing it used to elucidate the principles that govern the social position and moral conduct of man, his motives, impulses and propensities. It is important that an instrument of knowledge so widely and confidently used, should be thoroughly understood; its powers being judiciously estimated, and its application regulated by a suitable regard to the conditions of the case. It is a simple thing, no doubt, to add, and subtract, and divide columns of figures which a patient industry alone was needed to collect, and if statistics consisted only of these operations, it certainly would be a very easy affair. But statistics implies something more than a process in arithmetic. It is a profound, philosophical analysis of materials carefully and copiously collected, and chosen with an enlightened confidence in their fitness for the purpose in question. The large comprehension, the elevated conceptions, the masterly power of mathematical analysis, were not more essential to Newton in unfolding the law of gravitation, than the acute discrimination of his materials and the correct appreciation of their bearing upon the principle in view, were to Quetelet in developing the laws that regulate some important events of life and springs of hu-

man conduct. Such views, however, have not been prevalent, and hence has arisen the fact that thus far, statistics, with all its show of accuracy, has been, comparatively speaking, singularly barren of results. It would be difficult to mention any great principle of physical or moral science, as having been established chiefly by statistical inquiries. A volume would not hold the instances in which they have failed of success, though undertaken with every promise thereof, but I will mention only one, of recent origin, and well known to us all.

The taking of the Census in 1840 was deemed by our government a favorable opportunity for collecting a mass of useful information of a scientific, moral, social and economical character. The preliminary steps were judiciously taken, the information sought for was highly desirable, and the result appeared in the shape of a portly folio volume. To a stranger it presented peculiar claims to his confidence. It was projected by an enlightened government, supported by liberal appropriations, and received the approval of some distinguished names. If statistical inquiries were ever worth anything, they certainly seemed to be in this instance. To us who had a nearer view of the undertaking, it was seen to comprise a large mass of heterogeneous details entrusted to a multitude of individuals few of whom could comprehend their nature, or had the requisite skill for assorting and classifying their materials, and printed with an unparalleled carelessness that increased ten-fold the original blunders. And yet with all its pretension, the United States Census for 1840, can be received as reliable authority for no single fact whatever.

It is a common saying that figures will not lie, but it is very certain that in the hands of the ignorant, the care-

less, the indiscriminating, they may become most potent instruments of falsehood. The historian, the chemist, the naturalist, all require unexceptionable authority for the facts that claim their belief, and never hesitate to subject them to a rigid scrutiny. It is probably because statistical facts have met with too easy a faith, that conclusions drawn from them have so often been swept away by the subsequent progress of knowledge. To those accustomed to the close and careful examination of facts that characterises other departments of natural science, it is inconceivable what slender materials have served as the foundation of very important deductions in this we are now considering. On the faith of the Census of 1840, it was proclaimed to the world with no ordinary emphasis, that the free colored population is more liable to insanity than the white, and the fact thus inferred was exultingly held up by one of our most distinguished statesmen, as a signal blessing of slavery. The Census has gone to every great library in Europe, but without the exposure of its errors, and in many a future work, no doubt, will be found the record of this stupendous lie. A few years since the world was inclined to yield us the credit of extraordinary success in the cure of insanity, because in a certain institution in our country, the number of recoveries in recent cases had amounted to 91 $\frac{7}{8}$ per cent of the discharges. It was not made known that this result was founded on the experience of one year in twenty three cases only.

The results of experience in hospitals for the insane have been annually published with some minuteness of detail, both because the community is desirous of seeing how far its institutions have met their destined purpose, and because their physicians are actuated by the laudable desire to present the result of observations which their position has enabled them to make upon a much

larger scale than they possibly could in a private capacity. All this is well, and I doubt not much valuable information has been elicited. I trust, however, I may be permitted to doubt, without giving offence, whether the amount of information is at all commensurate to the real labor involved, and the ostensible accuracy of the facts and deductions. If such is the case, the subject is deserving of the most serious consideration, in order that its causes may be ascertained and removed, and our future inquiries be prosecuted in a more profitable direction. In this stage of the discussion it will be sufficient to say that to make our statistics profitable, they should embrace such facts only as are intrinsically important, and free from all admixture with mere opinion. Bearing in mind these tests, we shall be better prepared to measure the real value of the statistics usually contained in the reports of our asylums. Of course the limits of a paper like this must confine our attention to the most prominent points.

No subject connected with insanity possesses so deep and general an interest as its curability, and this fact has led to the universal practice among asylums of reporting the number of their recoveries. The result is supposed, by implication at least, to be a fair measure of the professional skill and other curative influences with which the disease has been combated, and to indicate with more or less exactness, the general curability of the disease. The question then is whether these inferences are fairly deducible from the premises. It is admitted that there are various circumstances that affect the results of every large establishment, having no necessary connexion with them. To leave these entirely out of view would be taking the first step to unlimited error and confusion, while to estimate exactly their respective influence upon the results, would be beyond the reach of

human penetration. The manner in which they balance and counteract one another, so as to embarrass all our conclusions, will be sufficiently apparent in the course of this discussion.

The number of recoveries will be affected by the physical constitution of the patients. The more robust and vigorous they are, the more readily will they recover. In rural districts there is a higher condition of health than in the manufacturing and commercial, and this fact, so far as it goes, gives to the asylums of the former an advantage over those of the latter, in respect to the number of recoveries. Again, the comparative sparseness of the population in the former, and the greater difficulty of gaining access to the asylum, will delay the admission of many, and thus protract, if not altogether prevent their recovery. The smaller pecuniary ability of people in the country as compared with those of the city, will also lead to premature removals, and consequently so far, to a smaller number of recoveries. On the other hand, asylums on our sea-board which receive large numbers of foreigners worn down by hardships and exposure, many of them sent from home it may be, because of their liability to insanity, have, in this circumstance, a drawback scarcely known to those of the rural districts. Circumstances like these—and the list might be greatly extended—cannot be expressed in any statistical form; they can only be stated in general terms, and we can obtain only a general impression of their influence upon the result. They do not affect the facts, but only prevent us from drawing from them certain conclusions which, at first sight, they might seem to warrant. There is a very serious objection, however, lying against the facts themselves.

Statistics can be properly applied only to incidents

and events that have an objective existence, for such only are cognizable to all men and admit of neither doubt nor mistake. Just so far as they have a subjective relation to the mind—are merely matters of opinion—to that degree they are incapable of being statistically expressed. Thus the event of recovery, limited solely to its objective character, only amounts to a certain degree of improvement. Whether the change is a real cure of disease, or a state where diseased manifestations are absent merely from want of a suitable opportunity for displaying them, or a temporary intermission of disease governed by that law of periodicity to which nervous affections are closely subjected,—these are questions which every individual will answer by the aid of his own experience and judgment, and consequently with all that diversity which is utterly incompatible with statistical accuracy. I presume I am uttering no scandal when I say, that the cases are not few which one man would pronounce to be *recoveries*, while another of less sanguine temper, or more knowledge of insanity, would regard them as merely *improvements*. I presume too, we are all and each of us, often in doubt respecting the condition of patients discharged from our care, and hesitate long before we decide under what head of our general results, they shall be placed. And when we finally make up our mind, is it with that degree of confidence that would embolden us to deny that any body else could possibly arrive at a different conclusion? What then becomes of the value of such a conclusion considered as a statistical fact?

It is obvious therefore that the question must first be answered, what degree of restoration can be rightfully called *recovery*. Of course every one answers it for himself as he best can, but statistical accuracy requires that all should answer it alike. It is one of the laws of ner-

vous disease, that it may be suspended or checked for a period indefinitely varying in length, and then, after intervals measured by weeks, or months, or years, renewed in all its original severity. The intervals may or may not recur with the utmost regularity. They may continue for many months, or appear to be merely a transition-state marking the passage of the mind from one paroxysm to another. The restoration may be apparently perfect, or marked by many a trace of disease. Now in regard to extreme cases there will be no diversity of opinion. An interval in which the mind presents its normal condition, and extends over a period of years, no one would hesitate to call a recovery, while only a week or two of calm would be universally regarded as not entitled to the name. But it is clear that some conventional rule is necessary for determining among the various intermediate forms and degrees of restoration, what should be reported as recoveries. Now admitting that such a rule might be made, for I would not prescribe limits to human ingenuity and acuteness, there is a more serious difficulty remaining, that of recognizing the condition or event to which the rule is to be applied. Here would arise a diversity of views springing from diversity of temperament, education and experience, and no one could be sure that his decision in any particular case is just what others would adopt were it submitted to them. For instance, we might agree to call a lucid interval which continues six months or upward, a recovery, but upon the main point, whether a lucid interval has really occurred, how are we to prevent conflicting opinions? The fact is, however, that in the present statistics of recovery, no conventional rule whatever, has been followed. Every individual has decided what should and what should not be called recoveries, just as it seemed good in his own sight.

I do not see how the usual answer to these objections, that they apply to but a very small proportion of cases, can satisfy any one having a practical acquaintance with the subject. How can we deny the fact that of the patients discharged from our hospitals, there is always a considerable number whose proper place in our annual summary of results is a matter of much doubt. It is not one of those trifling fractions that can have no perceptible effect, but large enough to destroy that kind of precision and certainty which we expect in statistical reports.

In order that the proportion of recoveries may better represent the relative success of different institutions, it has been a very common practice to divide them into two classes, the old and recent, it being implied that the curability of the disease is chiefly determined by its duration before admission. Certainly this distinction would have the effect in question, were it practicable, but no one, I presume, would deny that in a large number of cases, we are unable to decide satisfactorily to ourselves whether the disease has or has not commenced within the period allotted to recent cases. The earliest aberrations of the disordered mind differ so little from its ordinary movements, that they are readily confounded by the careless or unskillful observer. And even when the attention is awakened and apprehensions excited, some psychological knowledge is required to prevent one from mistaking morbid for healthy manifestations. Of the persons on whom we have to depend for all our information respecting the origin of the diseases in the cases that come under our charge, very few possess this knowledge, or have observed the cases very closely. To regard the narratives we usually receive with our patients, as sufficient authority for a scientific fact, would almost indicate insanity in ourselves. Not that they are invariably false and unreliable, but because we are gener-

ally without the means of knowing when they are and when they are not so. We all know, undoubtedly, how seldom the account we first receive of a patient is entirely confirmed by those we subsequently obtain, and how often, in consequence, we are obliged to modify our first decision. But even with the completest history of the case, it is not always easy to say when the disease actually began. For months or even years before the first decided and obvious manifestations of disease, the patient may have evinced something unusual in his conduct or conversation, although engaged in his customary duties, and by the world at large regarded as in the full possession of his reason. In some cases the morbid peculiarities may be sufficiently developed to attract the attention of the world, but, not interfering with the performance of the ordinary duties of life, they are looked upon as a part of the natural character, and take the name of insanity only when accompanied by an extra degree of excitement and violence. In cases like these who will take upon himself to indicate the precise point when disease began? Who will presume to enter that debatable land which lies between the realms of eccentricity and insanity, and assign to each its respective share of the peculiar manifestations?

The large class of periodical and paroxysmal cases present insuperable difficulties to every attempt to bring them under any general rule. The question of their origin is complicated with that of their recovery, and we are under the same kind of embarrassment in deciding upon the former, that we experience with regard to the latter. If we are to regard every fresh attack that has been preceded by a distinctly marked lucid interval of considerable duration, as a recent case, can we adopt any rule that will prevent us from bringing within the same category those cases in which the interval is scarce-

ly more than a brief remission of the disease? A single instance will be sufficient to illustrate the difficulty. A person is subject to paroxysms, of high excitement when he is destitute of all self-control, and for the sake of decency and safety, must be kept in close confinement. In this condition he is placed in a hospital where the excitement passes off, and he is discharged. He returns home, engages in his customary pursuits, and for all practical purposes certainly, appears as sound as ever. In the course of a few weeks or months, the excitement returns. Again he is placed in a hospital, again he becomes calm and lucid, and again is allowed to go home. Are we prepared to say that every such admission of this person is a recent case, and every discharge a recovery? If, on the other hand, such cases are to be regarded as old, what shall we say of those in which the lucid interval continues for years? True, every chief of a hospital may have a rule of his own, but the consequence would be that we should have as many different rules and as many results as there are hospitals. And even admitting that a general rule were formed and agreed upon that a certain number of weeks or months should mark the distinction between a mere lucid interval, and a perfect recovery, yet no one with any practical acquaintance with the subject can imagine that the application of it would always be easy and uniform. During the alleged interval, is the mind really clear and unclouded by disease, or are its obscurations less dark only because the absence of excitement leads the patient to withdraw himself from the common notice, and refrain from obtruding his fancies upon others? Is the interval itself, whether clear or otherwise, so well defined that it can be bounded by days or weeks? These questions must be often asked. Does any one believe they would receive a uniform answer?

Dr. Thurnam, the Superintendent of the Retreat at York, whose faith in the value of the hospital statistics of insanity is unshaken by such objections, thinks that no practical difficulty will be experienced in determining the date of the disorder, "if it be understood that its origin should be dated from the period when self-control was first decidedly lost, and when overt acts of insanity were for the first time actually manifested; and that it should not include the time during which, from the *à posteriori* history, the existence of a latent state of mental disorder, as indicated by more or less of peculiarity, may be inferred."* In the spirit of this remark, he approves of the practice which has always prevailed in the institution with which he is connected, of subdividing their recent cases into two classes, one containing such as have been disordered according to the above rule, three months or less, and the other, such as have been disordered not less than three nor more than twelve months. If Dr. Thurnam experiences no practical difficulty in applying his rule, I can only admire a sagacity which I cannot pretend to share. In a treatise characterised by such fulness of detail and acuteness of observation, it would have been gratifying to find how periodical cases are disposed of under the rule, because they peculiarly embarrass this question of recency.

Still stronger objections, may be urged against the division of cases into curable and incurable, because when not determined by the duration of the disorder, it is chiefly by considerations that are purely matters of opinion.

The usual method of comparing the number of recov-

*Observations and Essays on the Statistics of Insanity, p. 52.

eries with that of the admissions or discharges presents a very unreliable indication of the curability of insanity, or even of the relative success of different establishments. When we consider how large a portion of our discharges originate in the impatience, or poverty or nameless caprice of friends, or any other cause than the admitted incurability of the disease, it must be obvious that the number of recoveries can have no necessary relation to that of the discharges, nor upon the admissions so long as the latter are consequent upon the discharges. What the number of recoveries does indicate very strongly is, the amount of perseverance and pecuniary ability exhibited by the friends and guardians of the patients, and any degree of merit which may accrue from the number of recoveries must be shared by the institution with the community itself.

For the same reason the proportion of recoveries reported by our hospitals, cannot be regarded as a satisfactory test of the curability of insanity. Every case submitted to the treatment of an asylum may be considered in the light of an experiment upon the curability of the disease. If removed before the experiment has been fairly tried, the result proves nothing. How many of these abortive experiments are annually tried in our hospitals, we all know to our sorrow. If, according to the opinion of Esquirol in which he is supported by Mr. Samuel Tuke who had peculiar facilities for forming an opinion on this point, the average duration of an attack of insanity is one year, it follows that in a certain number of cases it must exceed a year. Esquirol states that of the 1233 recoveries that occurred in a certain number of cases submitted to treatment, more than half of them were subsequent to the first year. If any confidence

can be placed in this result as the expression of a general truth, it follows that any patient, not affected with a bodily disease, who is removed after only a year's trial of hospital treatment, cannot be considered as having had more than half a trial of hospital treatment without inquiring how many of the recent cases discharged uncured, are thus prematurely removed, there are enough, we all know, to vitiate any result afforded by hospital statistics touching the curability of insanity. One step towards certainty would be taken, if it were always shown how long the disease has existed in this class of cases, and how long they had been under treatment; in other words, how many had and how many had not passed beyond the reach of those restorative influences which nature or art may be capable of exerting. I am not aware of a single instance of such information having been given.

If these objections to the present method of determining the results of hospital treatment have any validity, we should expect to find them varying from one another to a degree that cannot be explained by any of the ordinary causes of diversity. That such is actually the case, I think cannot be fairly denied. I cannot enter into a detailed examination of these results, but a glance at a few of them will answer our purpose. In Dr. Thurnam's book is a table showing the proportion of recoveries to admissions in cases of less than twelve months' duration, in eleven different establishments, and they range from about 49 to 82 in the 100. The causes of this diversity may be obvious enough in some instances, but very far from it in others. How can we account for the fact that in the State Lunatic Hospital at Worcester, the recoveries in the above named class of cases have reach-

ed to nearly 83 per cent., while in the Retreat at York, Eng., they fall short of 62?*

Differences equally great and equally unaccountable might be adduced without number, but this is sufficient for the purpose of illustration. Even if they could be satisfactorily explained, if we could be made quite sure why, in one institution, the proportion of recoveries is ten or twenty per cent. more than in another, this very result would establish the existence of modifying circumstances that would deprive our statistics of every claim to certainty. But whether explained or not, I see not how any candid mind can help drawing from them the conclusion, that the curability of insanity is as far from being settled as that of many other diseases that have been scarcely subjected to statistical inquiries.

The number of deaths always appears in the statistics of a hospital for the insane. Over and above the simple fact of showing what has become of the patients, it is supposed to have an important bearing on the curability of insanity, and the relative curative success of different institutions. As death is a matter of fact and not of opinion, it is free from one of the objections that lie against recovery as an object of statistical inquiry, and this seems to be its only advantage. When we endeavor to estimate the value of the relative number of deaths, as an indication of the mortality of the disease, we are embarrassed, as we were in regard to recoveries, with the very large proportion of cases annually discharged from our hospitals neither recovered nor dead. They cannot be left out of the account, and yet they

* It is not improbable that Dr. Thurnam took his figures relating to the Worcester Hospital from its annual reports, without noticing that the recoveries are compared with the *discharges*. On comparing the recoveries of recent cases with the admissions during the period in question, I find that the former is about 73 per cent. of the latter.

prove nothing whatever as to the issue of the disease. The only perfect experiment on this point would be to trace a considerable number of cases from the commencement of the attack to its termination in recovery or death. This would indicate precisely the numerical relation of these two events. To show the proportion of deaths to the admissions or discharges, is to indicate nothing in relation to insanity, beyond the two naked facts, that a certain number entered or left the institution, and a certain number died. The absurdity of connecting together such incongruous facts as the deaths of certain persons with the casual residence of certain others in the same place, is strongly illustrated by the practical result. At the Salpêtrière, for a certain term of years, the deaths were equal to 26 per cent. of the admissions, while in many American institutions, the proportion, up to the last year, has been between 8 and 9 per cent. Are we to infer from this fact, that insanity is three times as fatal at Paris as in America, or that the physicians of the latter establishments have been three times as successful as those of the former, in rescuing their patients from the jaws of the fell destroyer? If the facts will bear neither of these inferences, what are they good for?

Mr. Tuke, in his admirable introduction to Jacobi's work on the Construction of insane hospitals very properly proposed to estimate the mortality of these institutions like that of any other community; that is, by comparing the number of deaths with that of the average number of inmates. The event of death is thus regarded in the light of an incident natural to all mankind, rather than as the termination of a special disease, and therefore not so much indicative of the fatality of insanity, as of the hygienic merits of different establishments. Even considered in this latter point of view, great caution is nec-

essary in making the number of deaths the basis of any general conclusions. Their local circumstances might give rise to considerable differences in the rate of mortality, independent of the means and appliances which they devote to the cure of the disease. The remarks already made in reference to such influences upon the number of recoveries, are equally applicable, *mutatis mutandis*, to that of deaths, and need not be repeated.

It may be very fairly questioned too whether the number of deaths indicates the mortality of insanity, because many of them are caused by diseases that have only an accidental connexion with it. The tables usually printed in hospital reports, of the causes of death in the cases that have proved fatal, show—whether correctly or not is immaterial to the present point—that insanity itself destroys but few, if any, of its subjects. It certainly is not very clear how a death produced by diarrhoea, or apoplexy, can have any bearing upon the mortality of another and very different disease. Upon the only question that concerns us in this connexion, in what proportion of cases insanity proves fatal, the reports of hospitals fail to throw much light. If the question were proposed to this assembly,* in what proportion of cases does mania occurring abruptly, and attended with a considerable degree of nervous and vascular excitement, prove fatal, I apprehend we should receive replies chiefly remarkable for their discrepancy.

In American hospitals it is the prevailing practice to state the causes of death in the respective cases that have occurred. What object is supposed to be obtained thereby, has never, to my knowledge, been very clearly explained. No one, I apprehend, will venture to say that any light has been thrown on the pathological phe-

*This article was read before the Association of Medical Superintendents of Institutions for the Insane, May, 1849.

nomena of insanity by these tables of the causes of death. The vague, loose and indefinite phraseology, the heterogeneous mixture of popular and technical distinctions, of symptoms and specific forms of disease, by all which traits they are too often disfigured, might be pardoned in the report of a superintendent of burial-grounds, but in a document emanating from a scientific man for scientific purposes, they excite a feeling of amazement, if not contempt. If they are to be considered as a mature and deliberate expression of opinion, and not merely a matter of form drawn up in compliance with some antiquated rule, they indicate a pathology that has not been enlightened by dissection, and ideas of causation which the irreverent world might say were puerile.

The leading fact implied by these tables is, that the insane mostly, if not wholly, are finally carried off by other diseases than insanity itself. I do not recollect to have ever seen insanity or mania set down among the causes of death, although one may find almost every other form of disease. Now, is the fact here implied true? Are we prepared to promulgate it to the world as an established thing, that nobody dies of insanity? On the contrary, are we not in the habit, in other connexions, of speaking of insanity as a serious disease, and one that is more or less fatal? True, an insane person may be attacked by dysentery, or small-pox, and succumb to its violence, and his death would be as properly attributed to such attack, as if he had never been insane. The presence of one disease does not necessarily preclude the occurrence of another, and if death follows the supervention of the latter, their respective agency in producing this result, is a question to be settled. In the larger portion of cases we should hesitate to attribute it solely to one of them, and yet this is habitually done in regard to the death of the insane. I am aware that in

our hospital reports, we always find some deaths attributed to "*disease of the brain*," some to "*inflammation of the brain*," and others to "*acute cerebral disease*," by all which terms it is probably meant, that the patients sunk under the violence of the maniacal attack. Then, why not say so? As these terms are often used to designate affections unaccompanied by insanity, I see no propriety in applying them to a form of disease which is characterised by mental derangement, especially as the term *acute mania* and its congeners have long been sanctioned by nosologists, and convey an exact, well understood idea. If there were any pretension to consistency in the matter, it might be asked why, in the same table, some deaths are attributed to *general paralysis* which is a specific form of mental disease, and not to *disease of the brain*, &c., which may be as properly applied to it as to mania.

These tables indicate great confusion of ideas, evidently arising from the want of well settled, well understood views of pathology. Some of the diseases set down in them as causes of death, were undoubtedly superinduced upon the original disease with which they had no necessary connexion, and produced death solely by their own means; while many others are just as clearly the natural and ordinary results or accompaniments of insanity, and only mark the last stage of its progress toward the final dissolution of its victim. Of the latter none makes so much of a figure in our hospital reports, as *marasmus*. In acute mania and the latter stages of chronic mania, nothing is more common than more or less emaciation of the body, and it probably has the same pathological relation to the original disease that it has to phthisis or fever when it accompanies them. It is one link in the chain of morbid processes which originate in the brain, and to call it the cause of death would be

like saying that the victim of consumption dies, not by consumption, but by diarrhœa which occurred a few days before death. *Exhaustion* too is a prolific cause of death in our hospital reports. To call exhaustion a disease, which, so far as its phenomena meet our observation, is merely a loss of muscular power incident upon a specific disease, is either to use language in a sense very different from its ordinary acceptation, or to confound together causes and effects with an utter disregard of every principle of sound pathology. All acute diseases of any duration induce an asthenic condition, but we are not in the habit of saying that patients die for lack of strength, any more than they die for want of breath. Exhaustion is, probably a convertible term with those above-mentioned "*acute cerebral disease*," "*inflammation of the brain*," &c., and indicates the same pathological condition. The term *acute mania* expresses that condition as definitely as possible, and why not use it, instead of resorting to a kind of innuendo which is misplaced here, however excusable it might have been in the worthy Irishman who, in speaking of a brother that came to a sudden end in an elevated position, softened down the stern catastrophe, by saying that he died of a great rush of blood to the head. In this connexion it might also be asked whether such terms as dysenteric fever, gastric fever, congestive fever, have a signification sufficiently limited and precise for statistical purposes. If not, then what becomes of the utility of such statistics?

Perhaps no circumstance of insanity has excited so much speculation, both in the profession and out of it, as its causes, and in every hospital report a prominent place is allotted to them. Inquiries that have for their object to cast some light on the origin of such an appalling malady, yield to no other in point of interest and impor-

tance. It would not be the first time, however, if the very importance of the subject has raised a determination to arrive at results of some kind, but not a corresponding anxiety for their soundness. It would not be the first time, if an imposing array of names and phrases, were mistaken by their authors for substantial contributions to knowledge, nor would it be strange if others were led to participate in the pleasing delusion. I fear that the careful inquirer will seldom rise from the examination of these tables, with the conviction that they have thrown much light on the origin of insanity. Perhaps no point within the range of our professional studies, demands a clearer insight into the laws both of psychology and pathology, than the successful elucidation of the causes which lead the mind astray from the line of healthy action. Here if anywhere, it will appear, whether our studies have led us to a higher philosophy than that which consists in repeating catch-words and echoing the popular voice. No where else in our department of the healing art, is a clear and able head more needed to overthrow the masses of error and prejudice that have been accumulating for ages, and, guided by the light of a strictly inductive philosophy, place us in the path of successful investigation.

Without pressing the radical objection that might be urged against the attempts that appear in our hospital reports, to penetrate into the causes of insanity, I will only advert to a few of their defects which appear on the surface, and equally impair their statistical value. Their total want of precision and uniformity in the use of language which are now justly deemed essential in any scientific inquiry really worthy of the name, is not one of the least serious of these defects. The most remarkable step ever made in the pursuit of natural sci-

ence,—one which marks the transition from idle and anile speculation on the one hand, to sure and valuable acquisitions on the other was the adoption of a language the terms of which are so precise and well-defined as to convey the same idea to every mind, in every time, and every land. In the department of inquiry we are now considering, as well as every other belonging to natural science, such a nomenclature is equally essential to progress. To suppose it may be advanced by the use of ordinary forms of speech, would be no wiser than to attempt to gain the most perfect mastery over the elements by such means as were furnished by the primitive inventions of Watt and Fulton. How little such views have entered into the tables of causes which appear in our hospital reports, will sufficiently appear from a few illustrations. In one and the same table, are cases charged to “domestic trouble,” “bad conduct of children,” “jealousy,” “infidelity of wife,” “ill-treatment of parents” and “abuse of husband.” Surely, it would not be easy to find stronger manifestations of “domestic trouble,” than are indicated by all these events, and we are therefore obliged to conclude that the term “domestic trouble” which appears to have given rise to so much insanity, is used in a sense very different from the ordinary, but one to which we possess no clew. In another table a number of cases are charged to the account of “disappointment,” but whether they were disappointed in love, or politics; in the struggle for honor or wealth, does not appear. Another gentleman is more precise, and subdivides the general affection into “disappointed love,” and “disappointed ambition.” Another uses all three terms, and cases are referred by him respectively to “disappointment,” “disappointed affection,” and “disappointed ambition;” and another extends the list of disappointments by adding “disappointed expectation.”

What idea are we to attach also, to such vague phrases, as "mental excitement," "anxiety," "exposure," "fright," and a host of others too numerous to mention?

Can we be quite sure too, that the same or similar terms used to designate the causes of insanity, mean precisely the same thing in the reports of different institutions? "Ill health" seems to be a prolific source of insanity. If this term were designed to embrace all the physical derangement that often precede the outbreak of insanity, and are supposed to be its cause, then it would convey some definite idea to the mind. In some tables perhaps, this may be its meaning, but in others we find it side by side with "fever," "nervous debility," "dyspepsia," "disease of the liver," "gout," "rheumatism," "phthisis," "menorrhagia," "amenorrhœa," and consequently must indicate some condition of the system not embraced in any of these disorders. But what is it? The reporter may understand it perfectly well, but how are others to know his meaning, without a preliminary dissertation on the use of terms, which, however, it might help the reader of a work on logic or philosophy, would be of little service in a statistical undertaking. Many cases are also referred to the puerperal condition. That this is often the efficient cause of insanity, I presume no one is disposed to doubt, but until this condition is more accurately defined, this general truth can have but little statistical value. What period after parturition does it cover? the few weeks immediately following, or the whole period of lactation? Is every case which happens within the allotted period be it long or short, to be referred to the same origin? and if not, by what rule are we to be governed in making the distinction? Until these points are settled, the results of different observers will admit of no comparison, and consequently can form

the ground of no definite conclusions. The same objection may be urged against some other items usually found in the tables of causes. They are so vague that we never can know the precise meaning attached to them by different observers.

It is very obvious too that these tables often reflect the peculiar views of their respective framers, so easy is it to find whatever we think we ought to find. One gentleman, for instance, attributes one tenth of his cases to intemperance, while another is not quite satisfied that he has had a single case arising from that cause. One who, for some reason or other, has been strongly impressed by the influence exerted on the female brain by those physiological changes called the "turn of life," regards them as a fruitful source of mental disease, and his table of causes, the "climacteric period" is made responsible for a very high proportion. One attributes five per cent. of his cases to masturbation, while another whose experience is confined to similar cases, sets down but half of one per cent. to this practice. One expresses the opinion that tobacco gives rise to much insanity, but provides it with no place in his table of causes. Another delivers the same opinion touching the want of sleep, but also fails to place it among the causes.

There is also much reason to believe that many of the emotions and incidents that are set down as causes of insanity, such as "fear of poverty," "religious doubts," "anxiety," &c., would often be more justly regarded as its effects. They are the first symptoms that arrest the attention, and by means of that common disposition to confound the post hoc with the propter hoc, they are placed in the relation of cause to the subsequent aberrations. In a multitude of cases it must be difficult, with

the slender means in our possession, to decide this point with the slightest approach to certainty.

Were the objections here urged against these tables of causes devoid of any weight whatever, there is another undeniable and unremovable, that strikes at the very root of their supposed value. The objection alleged against the event of recovery as an object of statistical record—that it is more a matter of opinion than of positive fact,—lies equally against the causes of insanity. But there is this additional one, that they are not even the opinions of the observer, but of other unskillful and irresponsible persons. Every thing that we learn on this subject is derived from the friends of the patients, and even if they abstain,—as they generally do not—from offering their own particular views, yet the facts are so related as to suggest certain inferences respecting the cause of the disorder. How crude and puerile the views of such persons often are, how partial and inaccurate their narratives of facts, are well enough known to us all. It might seem, at first thought, that a certain series of occurrences which required only a little activity of attention to perceive, might be clearly and completely related by any tolerably intelligent person, but we know by the most abundant experience, that few are able to describe phenomena that lie without the range of their ordinary thoughts and pursuits. To see events is one thing; to describe them is another and a very different thing. For the former a man has only to keep his eyes open; the latter requires an orderly arrangement of the thoughts, a skillful use of language, and some previous acquaintance with the department of knowledge to which the phenomena in question belong. Of the persons who bring patients to our hospitals, how seldom does one possess these qualifications, and yet their ac-

counts are made the basis of all our conclusions respecting the causes of the disease. The most trust-worthy lay particular stress on such events and incidents as, in their opinion, were connected with the production of the disease, their views, of course, being governed by their own habits of thinking and feeling. A hypothetical case will better convey my meaning. A lady about the "turn of life" becomes insane and is sent to an asylum. She has been addicted to potations somewhat stronger than water, and moreover has borne an active part in the religious movements of the day. A friend who puts his faith in total abstinence, does not hesitate to attribute the disorder to her indulgence in drink, and pays but little regard to any other feature in the case. Another of a cold or skeptical turn of mind who has been strongly impressed with the evils of religious fanaticism, dwells chiefly on her disposition to plunge into the excitement of religious gatherings, and here finds the origin of her disorder. Her physician who is accustomed to meet with the derangements incident to that great physiological change in the female system, thinks only of this fact. Now with all our caution, it cannot be doubted, that we should be very liable to attribute this lady's insanity, either to intemperance, religious excitement, or the climacteric period, according to the friend from whom we happened to obtain her history. I do not mean, of course, that we are obliged to coincide with the patient's friends on this point, for we may agree with them as much or as little as we please, but that we are obliged to form our opinions on such data only as they choose to present. No one of us certainly would believe that a patient had been bewitched because his friends think so, but does it show much deeper wisdom to make the narratives of such persons the ground of any opinions whatever?

There is a show of precision in the usual tables which, I apprehend, is not to be found in nature. If we insist upon evidence really deserving the name, the cases will be found to be exceedingly few, that can be satisfactorily traced to any particular, single cause. The history of cases generally discloses a series of incidents each of which appears to have had some share in producing the disease. It is impossible to designate any one of them as the efficient cause, or to say that any particular one might have been absent without affecting the result. I cannot see therefore what benefit can be derived from affecting a precision which, instead of casting any light upon the origin of the disease, only conveys wrong impressions respecting a matter of fact, to the unprofessional inquirer.

It has become a frequent though not a general practice in reports of insane hospitals, to classify the different forms which the disease has presented, for the purpose, I presume, of showing their comparative curability. Every superintendent adopts that classification which seemeth good in his own eyes, and consequently no two of them are alike. For instance, in the reports of one institution, the disorder is divided into eight classes; in another, it is divided into five; in another, twelve; in another, sixteen. If there were any foundation in nature for all or any of these classes, then their respective curability would be an interesting object of inquiry. But however convenient such distinctions may be sometimes for indicating the general features of the case, they are not sufficiently well defined and understood to form the basis of a scientific classification. At any rate, until some particular system is generally adopted with its classes and orders accurately defined and distinguished, I do not see how we can be benefited by considering the disease in so many subdivided forms. No.

one, I apprehend, can be sure that by monomania, melancholia, moral insanity, and many other terms that are used to designate different forms of mental derangement, he understands precisely what his neighbor does, and that there would be no discrepancy between them in referring the same cases to their respective classes. Indeed it could hardly be otherwise, for these terms have never been clearly defined by any well recognized authority, and consequently without some preliminary explanations, can convey no accurate ideas to others.

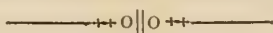
Even without these objections, there is another equally fatal to such attempts at classification, and that is the fact that in a large proportion of cases, the form of the disease changes in the course of its progress. The same case, at different periods, may present the aspect of melancholia, monomania, and dementia. To which of them is it to be referred?

I must terminate this examination of hospital statistics, already protracted, I fear, beyond the measure of your patience, without suggesting any better methods of reporting our results. In so doing, I shall, no doubt, subject myself to the usual reproach cast upon reformers, of making war upon a fancied evil, without offering anything better in its place. This reproach I shall not trouble myself to repel, content if I have succeeded in placing in a stronger light, difficulties and defects that have been more or less apparent to us all.

Before leaving the subject, however, it may be well to notice the usual reply to objections against the value of the kind of statistics we have been considering. The reply is that we do not pretend to obtain the exact truth, but only an approximation to it, and it is implied by the use of this term, that the approach is sufficiently near for any practical purpose. This is one of those fallacies

which Lord Bacon has classed among the idols of the forum, whereby words and phrases that have a technical meaning, are transferred to some other branch of inquiry, carrying with them by implication, all their original minuteness and accuracy of signification. In pure mathematics we are seldom able to arrive at the exact truth. We can only *draw near*, or *approximate* to it, as it is called, but so close may this approach be made, that the deficiency occasions no practical inconvenience. The term is applied exclusively by prescriptive usage, to that kind of inaccuracy which arises from the imperfections of mathematical analysis, never to such as arises from error of the senses or of instruments. We can never obtain the precise number which multiplied by itself will produce 50, but we can arrive as near to it as we please. On the other hand, in natural history, for instance, living beings are arranged into groups that are distinguished by certain characters, but not so exactly as to prevent all embarrassment in referring individuals to their respective groups. In the former illustration, the deficiency can be bounded by appreciable limits; it can scarcely be discerned without the magnifying aid of numbers, and presents no obstacle to the attainments of any legitimate object. In the latter, we can have but an indefinite notion of its extent, it is regarded as a serious drawback on the certainty of our results, and the worth and dignity of the science are deeply concerned in diminishing the evil. It is obvious therefore that we have no right to call our statistical short-comings approximations to the truth, inasmuch as they arise from our own imperfections and errors. But without insisting on the prescriptive use of the term, I might ask by what possible latitude of meaning it can be applied to the statistical results of our hospitals for the insane. Is any one prepared to say, for instance, that they have shown the

curability of recent cases with a degree of exactness that can be called, in any sense of the term, an approximation to the truth? Some would fix it at 90 per cent.; others at 70; while an earnest advocate might be found for every intermediate number. And just so with the mortality of recent cases. We are equally far from any result that can challenge general confidence. Is it 5 per cent., or 10, or 15, or 20? Good authority might be adduced for any of these estimates. Surely we cannot have the boldness to call results like these approximations to the truth? That they form very suitable data for an opinion, I admit, but a candid consideration of the subject must convince us, that such an opinion is no more likely to be exact, than a shrewd conjecture founded upon one's general impressions of his own experience.



ARTICLE III.



FOURTH ANNUAL MEETING Of the Association of Medical Superintendents of American Institutions for the Insane.



[THIS ASSOCIATION was organized and held its first session in Philadelphia, October, 1844; the second in Washington, D. C., May, 1846; the third in the city of New York, May, 1848; and the fourth in Utica, May, 1849. For the following brief account of the proceedings of the last meeting, we are mainly indebted to the *Utica Daily Gazette*.—ED. JOURNAL OF INSANITY.]

This Association commenced its session at Churchill's Hotel, in the city of Utica, Monday, the 21st of May.

The following gentlemen were present at the opening of the session.

Dr. James Bates, Maine Insane Hospital ;

“ Luther V. Bell, McLean Asylum for the Insane, Mass. ;

“ C. H. Stedman, Boston Lunatic Hospital ;

“ N. Cutter, Pepperil Private Institution, Mass. ;

“ I. Ray, Butler Hospital for the Insane, R. I. ;

“ A. Brigham, N. Y. State Lunatic Asylum ;

“ H. A. Buttolph, New Jersey State Lunatic Asylum ;

“ T. S. Kirkbride, Penn. Hospital for the Insane ;

“ Wm. M. Awl, Ohio Lunatic Asylum ;

“ John S. McNairy, Tennessee Lunatic Asylum ;

“ C. J. Fremont, Beauport L. Asylum, Quebec, C. E.

The President, Dr. Wm. M. Awl, took the chair, and Dr. T. S. Kirkbride, the Secretary, read the minutes of the last meeting, held last year at the Astor House, in New York city, which were approved.

Letters were read from the Board of Visitors of the Boston Lunatic Asylum, and from the Directors of the Eastern Asylum of Virginia, expressing regrets at their inability to accept the invitation of the Association to attend the meeting.

Dr. Bates offered a resolution, authorizing each member to invite such gentlemen to attend the meetings as he may deem proper. Adopted.

Dr. Bell, after reading from the *Literary World*, an excellent notice of the late Dr. James Macdonald, of the Insane Institution, at Flushing, Long Island, offered the following resolutions, which were unanimously adopted :

Resolved, That, as the first official act of this association, we would give utterance to the profound sensibilities with which we have been impressed by the recent

decease of our honored associate and friend, Dr. James Macdonald, of New York.

That in view of his elevated personal character, his high intellectual attainments, his extended experience of nearly twenty four years, devoted to our department of professional labor, we deeply appreciate the breach made in the ranks of science and usefulness by his death; and in the premature close of a life of devotion to duty, at its meridian, we recognize the hand of a mysterious and inscrutable Providence, to which, however dark, we would submit in humble faith and adoration.

That, so important an event in the history of our association, as well as of that department of professional labor to which our lives are devoted, ought not to pass without some more enduring recognition of his life and services, and that some member be appointed to prepare and publish, and have registered on our annals, a suitable tribute to his memory, in a record of his professional life and labors.

On motion of Dr. Kirkbride, Dr. Bell was requested to prepare such an obituary notice of the life and services of Dr. Macdonald as the resolutions propose, and the Secretary was requested to forward the resolutions just adopted to the family of the deceased.

Dr. Brigham, after a few remarks on the life and character of the deceased, read a letter from Dr. C. H. Nichols describing the disease which led to the fatal event.

Dr. Brigham, the Vice President of the Association, tendered an invitation to the members to pass the day to-morrow at the State Lunatic Asylum, under his charge, in this city.

On motion of Dr. Bates, it was resolved to accept the invitation.

An invitation was tendered in the name of the citizens of Utica and the Managers of the Asylum, to the members of the Association, to visit Trenton Falls, at such time as may be agreeable to them. Accepted.

On motion of Dr. Ray, a committee of three was appointed to report business for the consideration of the Convention. The chair nominated Drs. Ray, Brigham and Bell as such committee.

Dr. Bell read a very interesting paper, giving the life and recounting the peculiarities of a sailor, who after having recovered from a fit of insanity merely by being obliged at sea to use his utmost physical and mental exertions to navigate a vessel, when yellow fever had incapacitated the rest of the crew, succeeded in crossing the Atlantic in a cutter with no other help than a faithful dog, whom he drilled to assist in steering and managing the craft. He subsequently performed rare nautical feats in the same manner. Having become strongly and incurably estranged from his wife by what he considered her severe treatment of him during his insanity, he never visited her but once afterwards but went to Ohio, where he lived in a state of the strictest seclusion with his dog, conversing only with the latter, and after the brute's death, with himself. His occupation was not known till after his death, when his house was found filled with all kinds of machinery, the object of which was to establish perpetual motion. The paper read was full of curious and amusing facts and gave rise to an interesting discussion among the members relative to the man's insanity.

Dr. Ray from the committee on business reported in part a list of reports ready for the convention.

Dr. Bell read a statement of his personal examinations of a person named Elisha Robbins, an account of whose "marvelous recovery from insanity of forty years

standing," was generally circulated in newspapers some months since. Dr. Bell asserts, that so far from his having recovered, he had merely sunk from a state of mania to one of hopeless dementia or loss of mental power, a very common condition of old lunatics. (This opinion is of great importance as bearing on the question of divorce for permanent insanity, which was agitated last winter in the N. Y. Legislature. The above case was frequently cited as authority, and its explanation should receive the same general circulation as was given to the first statement.)

Dr. Fremont gave accounts of somewhat similar cases which have occurred not unfrequently in Canada.

On motion of Dr. Cutter, the Convention adjourned till 2½ P. M.

AFTERNOON SESSION.

Dr. Buttolph read a very able report on the relation of Phrenology to Insanity, in which, taking the science as the true basis of all theories of Mental Philosophy, the author proceeded to unfold the bearings of the principles of the science upon the prevention, diagnosis, prognosis and treatment of insanity. The report was very strong in its expressions, and indicated strong faith in Phrenology; a faith which Dr. Bell proceeded to dissent from. While he was pleased to believe that the popular dissemination of the theories of Phrenology had done much to correct popular errors concerning the nature of mental disease, he did not believe that the science was of any service whatever in determining the connection between the conformation of brains and the peculiarities of mental action. Dr. Bell had seen examinations made by able phrenologists, of patients under his care, and he had never seen a case where a person of ordinary acuteness

might not have given more accurate opinions. He mentioned several cases of striking failures by Mr. Combe, and concluded by expressing a belief in the decision of Esquirol, based upon the examination of one thousand skulls of eminent men, that a knowledge of Phrenology was of no use in forming an idea of the condition of the mind.

Dr. Bates and Dr. Brigham followed with remarks on the same subject. The latter had witnessed successful and satisfactory results of cranial examinations, while he, however, equally with Dr. Bell, had failed to satisfy himself of the practical utility of applying the principles of Phrenology to the study of insanity. He did not think such a result could reasonably be expected, even if Phrenology is true, as insanity is often a temporary disease of the brain, from over-action or inaction or some other cause. He suggested the importance of minute observation of the external condition of the heads of insane patients as to temperature.

Dr. Ray agreed mainly with the opinions of the gentleman who had spoken. But while he was satisfied that indirectly the introduction of the study of Phrenology, by giving more and clearer prominence to the science of mind, had been beneficial in the study of diseased manifestations, yet he was of opinion that directly it had rendered little service, as no one could ascertain by cranial examinations the particular disease within.

Dr. Buttolph would not say that a knowledge of organology was valuable in the examination and treatment of mental diseases, except as affording a basis for a sound mental philosophy.

Dr. Bates followed in reference to the tendency of size of organs to predispose to disease. He did not believe

a large organ any more likely to become diseased than a small one.

The discussion was further continued by several gentlemen. The President gave a couple of amusing anecdotes, illustrating his views of the uncertainties of examinations.

A negro whom he saw examined, on being asked his own opinion of the correctness of the decision replied, "it is hard to tell what meat is in the smoke house by putting your hand on the roof." The Dr. gave an incident which occurred at his own Institution. A somewhat noted blind Phrenologist came to make examinations. The Doctor at first caused himself to be presented as a violent patient, and the Phrenologist pronounced him deficient in mental development. Afterwards introducing himself in his true character, he was examined, and the verdict was essentially different. Dr. Awl, would, however, wish members to understand him as expressing respect for the general truths of Phrenology.

Dr. Ray read a very elaborate and able report on the statistics of Insane Hospitals, in which, with great talent and discrimination and acute criticism, he unfolded the defects of the present systems of record.

Dr. Kirkbride, Brigham, Buttolph, Cutter, Bates, and Bell debated on the suggestions of the report, and many very interesting and instructive ideas were advanced.

The report was accepted, and the Convention adjourned till 8½ o'clock, to-morrow, A. M.

SECOND DAY.

The following gentlemen appeared in addition to those in attendance yesterday :

Dr. W. H. Rockwell, Brattleboro, Vt., Asylum for Insane;

- " C. H. Nichols, Bloomingdale Lunatic Asylum ;
- " J. H. Worthington, Friends' Asylum, near Philadel. ;
- " Edward Jarvis, Dorchester, Mass., Private Asylum ;
- " G. H. White, Hudson, N. Y., Private Asylum.

The minutes of yesterday's meeting were read and approved.

Dr. Kirkbride read a report on the importance of care in the selection of companions for patients.

Several gentlemen discussed at length the proposals and suggestions of the report, all being impressed with the vast importance of choosing attendants carefully and without regard to expense, as to such, in a great degree, is left the moral guidance of patients. In Asylums with two or three hundred patients, the physicians or higher officers, can of course devote but little time to each individual, and during the greater part of the day, the halls will be in charge of attendants only.

The members appointed to-morrow as the day for accepting the invitation of the citizens of Utica, and the Trustees of the Asylum to visit Trenton Falls.

Dr. Bates read a report on the necessity of precision in language used on subjects connected with insanity. The views advanced, covered in some respects, the ground occupied by the able report of Dr. Ray, read yesterday. The value of results will be affected necessarily by the exactness or indefiniteness of the terms used in the record of such results, and the value of statistics is dependent entirely on perfect accuracy, which can only be attained by precision in language. The views of the report were ably supported by Drs. Kirkbride and Nichols. The latter believed more accurate information in regard to the diseased physical condition of insane brains to be necessary to the exact description the morbid symptoms arising therefrom. Drs. Jarvis,

Buttolph and Bell fully concurred. Dr. Ray lamented the necessity of popularizing the subject of insanity in annual reports, as tending to inaccuracy of nomenclature, and longed for the time when these reports might not be required—when the directors of Insane Institutions, and the public would be satisfied with the results of official examinations by appointed authorities. The report of Dr. Bates was accepted.

Dr. Bell read a report “on a certain form of disease resembling some advanced stages of mania, of the delirium of typhoid fever, or of cerebral inflammation, but which may perhaps constitute a hitherto unrecognized and undescribed malady.”

The paper was received and laid on the table for discussion, and the Convention adjourned to meet at the State Lunatic Asylum, at 2 o'clock, P. M.

AFTERNOON SESSION.

The Association met agreeably to adjournment at the N. Y. State Lunatic Asylum, at 2 o'clock, P. M. The account of this visit we mainly select from the *North American and United States Gazette, Philadelphia*, to which it was contributed by the member of the Association from that city.

“Under the guidance of Dr. Brigham, the Superintendent of the Asylum, the members of the Association proceeded to visit all the wards, and inspect every part of the building, fixtures and arrangements of that noble monument of the munificence and benevolence of the great State in which it is located. This institution is much the largest on this continent, containing near five hundred patients, and near half a million of dollars have been expended on the grounds, buildings and fixtures. Its general arrangements are very good ; it is bountifully

supplied with water from a never failing source, more than half a mile distant, and is beautifully lighted in every part by gas manufactured on the premises. The economy of this mode of lighting seems to be very striking. Double the amount of light is now furnished at an expense of only \$1.89 per day, to that formerly obtained from oil at a cost of \$4 per day.

At 5 o'clock, P. M., a meeting was held at the Asylum, where the points of Dr. Bell's Report were discussed, and sufficient was elicited to satisfy him, that the variety of disease of which he spoke, had been noticed and recognized by all.

After tea, the members of the Association were unexpectedly invited, on behalf of the inmates of the Asylum, to meet them in the large chapel, where they were anxious to give some evidence of their respect for them and their branch of the profession. This interview was of a most striking character, and will long be remembered by all who participated in the proceedings. Entering this fine room, they found near three hundred patients, with their attendants, the officers and others employed about the establishment, assembled to greet them.

The following ode of welcome, written by a young Lady in the employ of the Asylum as an Instructress and Clerk in the female department, was then read with great propriety and feeling, by Dr. Maltbie, a gentleman of fine talents, who has long been a patient in this Asylum, and it was afterwards sung by the whole Asylum choir, in admirable style, with an accompaniment on the organ, by the daughter of the Superintendent.

Ye come, a kind and gen'rous band,
Where sorrow seeks a rest;
Ye come with high and noble aim,
To light the shadow'd breast;

Ye come where life's dark billows roll,
 And tempests overwhelm,
 Where fearfully the bark floats on,
 With naught to guide the helm;
 And to the weary mariner, point out a blissful goal,
 To ease the burden'd spirit, to cheer the troubled soul.

Ye come to aid the anxious minds
 Oppressed with weight of care,
 And, would ye know how many hearts
 Hold them in kindness here;
 How many grateful prayers ascend,
 How many wishes rise,
 How many hopes of bright reward
 Beyond these changing skies.
 And *Faith* looks upward trustingly, and seeks the promis'd goal,
 To ease the burden'd spirit, to cheer the troubled soul.

Yours is a weighty, holy trust,
 A mission half divine;
 You can not bring your treasures forth
 To grace a purer shrine.
 Then watch the mystic chain of love
 Which God hath shaded o'er,
 The casket is for *you* to guard,
 And *He* the gem restore.
 And blessings great and numberless beyond this world's control,
 Will ease the burden'd spirit, and cheer the troubled soul.

The Rev. Mr. Beckwith, a convalescent patient, then welcomed the members of the Association in the following address, delivered in an admirable manner:—

“Gentlemen:—Having been for the last eight months a patient in this Institution, and having realized the happy results of the kind and recovering influences which are here eminently enjoyed; it is to me a source of no ordinary gratification to be allowed to address you on this occasion. The presence of a voluntary association of medical gentlemen devoted to the noblest branch of the healing art, the care and recovery of the diseased mind, is calculated to awaken sentiments of gratitude and respect. And for myself and fellow patients, I would,

greet you with a respectful and cordial welcome, within these walls where the insane reside, and to this chapel where they worship, and from which, I trust, prayer will continue to ascend to Him who is the source of every good and perfect gift, for his favor upon you and your afflicted charge.

In this age of progress in science and the arts, and in the developments of christian philanthropy, when the impulses of a heaven descended charity, like the pulsations of the heart, are sending forth from this land healing streams to bless the most remote portions of our world, our duty to that unfortunate class of our fellow citizens who are afflicted with insanity, seems to demand that they should not only have the benefit of all that wealth can furnish for their comfort but also of the highest medical wisdom and skill which those can secure to whose care they are committed by their friends as an important trust;—a trust to which we may apply the language of the christian poet;—

'T is not a charge of small import
The Doctor's care demands,—
But what might fill an Angel's heart,
And fill'd a *Saviors* hands;—

A charge imposing duties not only upon medical Superintendents and assistant physicians, but also upon every attendant, for the proper discharge of which is required much of that wisdom “which is from above, which is first pure and then peaceable, easy to be entreated, full of mercy and good fruits,” of that charity which suffereth long and is kind, with a constant dependence on the Great Physician, by whose favor alone they can succeed in restoring the bewildered to themselves, their friends, and society.

May He who giveth wisdom guide you in the discussions of your present Convention, rendering it not only in-

teresting and pleasant, but eminently conducive to the promotion of the noble object of your Association; and when it is closed may each return to his charge enriched with increased wisdom for the discharge of the duties of his important station.

And as the admonitory note falls upon the ear from the grave of a beloved member of your association, recently removed by death; one so justly esteemed for his high intellectual attainments and moral worth, while you cherish respect for his memory, may you seek to imitate his Christian virtues and to emulate his noble example of patient continuance in well doing, that like him, you may be cheered amid your cares and toils by the bright prospect of a glorious reward in heaven."

To this, Dr. Awt, the President of the Association, made an impressive reply,—returning thanks for this unexpected and most gratifying reception, more valued by him and his associates, than any other that they could have received from individuals differently circumstanced.

Dr. Brigham, on behalf and at the request of the inmates of the Asylum, then read the following sentiments; viz.,

New England.—Among the many good examples she has furnished the old and new States of the Union, are her charitable institutions, unsurpassed for their excellence and good management.

To this Dr. Bell replied in a speech, full of eloquence and deep feeling,—referring to the nature of the vocation to which he and his colleagues were devoting their lives,—to the institutions which were consecrated to the relief of this class of human afflictions,—and urging upon his audience advice and consolation that must have deeply impressed every one of his hearers.

Dr. Bringham then read other sentiments, prepared by the the inmates of the House ; viz.,

Pennsylvania.—The first State in the Union to provide a hospital for the sick poor, and those mentally deranged. The spirit manifested by her citizens in 1751 is still active in multiplying and improving her benevolent institutions.

To this Dr. Kirkbride briefly replied, concurring in the sentiments of his associate. He returned his heartfelt thanks for the high compliment paid the State, which he had the honor, in part, to represent, and for the reception which the Association had met with from the patients of the institution.

Later in the evening the members of the Association were joined at the Asylum by the Managers and other officers and by a large number of the ladies and gentlemen of Utica, and were entertained in the most bountiful manner. Everybody seemed anxious to contribute to the enjoyment, and the brass band of the Asylum, at intervals of the evening, gave evidence of their musical skill and proficiency.

THIRD DAY.

The Convention met ; the minutes were read and approved. Dr. Kirkbride moved that the Association will close its present session at 1 P. M. to-morrow, which was adopted. The subject of selecting a place for the next meeting, was referred to a committee consisting of Drs. Ray, Bell and Kirkbride. Adjourned to 5 P. M.

5 P. M.—Met agreeably to adjournment. The committee designated to select a place for the next meeting of the Association, proposed that the Association meet

at the city of Boston, on the third Tuesday of June, 1850, at 10 A. M., which recommendation was unanimously adopted.

Dr. Kirkbride moved that this Association has visited and examined with great satisfaction, the New York State Lunatic Asylum, under the care of Dr. A. Brigham, and tender to him their sincere thanks for his courtesy and attention, and for the bountiful hospitality extended to the members during their very gratifying visit. The motion was unanimously adopted. Adjourned till 8 A. M., to-morrow.

FOURTH DAY.

8 A. M.—Dr. N. D. Benedict, of the Blockley Hospital, Philadelphia, appeared and took a seat in the Convention.

The following gentlemen, Trustees of Institutions, were also in attendance, by invitation :

John F. Gilpin, Esq., one of the managers of the Philadelphia Hospital ;

Wm. B. Fling, Esq., M. L. Dawson, L. R. Greeves, managers of the Pennsylvania Hospital for the Insane.

The minutes of the last meeting were read and adopted.

Dr. Kirkbride offered the following resolutions :

1st. That it being the deliberate conviction of this Association, that an abundance of pure air, at a proper temperature, is an essential element in the treatment of the sick, especially in Hospitals, and whether for those afflicted with ordinary disease, or for the Insane, no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

2d. That the experiments recently made in various Institutions in this country and elsewhere, prove to the satisfaction of the members of this Association, that the best means of applying warm air in winter, at present known to them, consists in passing fresh air from the external atmosphere over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler, is not more than 212° Fahr., and contained in large air chambers in the basement of the building to be heated.

3d. That a complete system of forced ventilation, connected with such a mode of heating, is indispensable in every building devoted to these purposes, and where all possible benefits are sought, to be derived from its arrangements.

Dr. Bates and Dr. Bell remarked on the resolutions, giving the results of their own extensive experience and observation in ventilating and heating.

During the progress of the discussion, the President, Dr. Aul, took his leave of the Convention, being obliged to make an early departure. He expressed, at parting, in a few words, the gratification he had derived from attendance upon the meetings of the Convention, and the most cordial feelings of friendship he entertained for the individual members.

After a full and interesting debate on the resolutions offered, they were adopted.

Dr. Bell, from the business committee, reported on a suitable method for preparing business for future meetings, that they would recommend the appointment of standing committees by the President, whose duty it shall be, to keep themselves informed of whatever oc-

curs connected with its respective subjects consigned to their special charge, and report to the Association at its next meeting, every thing that that may be deemed worthy of its attention. They recommended the appointment of standing committees on the following subjects :—

On the moral management of the Insane,
On the medical management of the Insane,
On the medical jurisprudence of Insanity,
On the construction of Insane Hospitals,
On the restraining apparatus.

They also recommended special committees, and voluntary contributions, and that the President shall, at a period prior to the first of July next, select a subject to be reported on for each gentleman connected with the hospitals for the insane of the U. S. and Canada, who is, or may be competent to become a member of the Association, and notify him by mail of such appointment, at the same time soliciting a definite reply, whether the Association may expect a compliance with such duty. The report was approved and its suggestions adopted.

Dr. Stedman offered the following :

Resolved, That the thanks of this Association are due, and are hereby tendered to the Managers of the New York State Lunatic Asylum, as also to the citizens of Utica, for the marked attention, courteous, and generous hospitality bestowed on the members of this body, by them during its present session.

Resolved, That the thanks of the Association are due to Mr. Churchill, for his liberal provision for the meetings of the Association, and for which he has declined receiving compensation on account of its benevolent character. Unanimously adopted.

Dr. Buttolph offered the following :

Resolved, That the members of this Association, highly appreciate the benevolent and disinterested services of Miss D. L. Dix, in behalf of the insane in various States of the Union, in calling attention to their wants, and in contributing her influence in favor of the erections of appropriate institutions for their treatment. Adopted.

The Treasurer reported four dollars in the Treasury, and no expenses. Report adopted.

Dr. Cutter read a report on the history of his experience of the treatment of Insanity since 1814. Accepted and laid on the table.

In connection with the report, he presented a paper containing a record of cases treated between the years 1812 and 1824, by Dr. Chaplin, of Cambridgeport, Mass., an interesting proof of the success of treatment at that early day.

Dr. Kirkbride moved that the business committee be requested to suggest names for the standing committees for the ensuing year. Adopted.

At the request of Dr. Brigham, Dr. McNairy gave a brief statement of movements in Tennessee, for the erection of an Asylum. Forty thousand dollars have been already appropriated for the purpose, and operations have been begun. The Legislature at its next session is expected to do something further.

Dr. White read a report on the propriety of separate institutions for the different sexes, the suggestions of which were debated and generally approved.

Dr. Bell, from the business committee, reported that they recommended that the following gentlemen be ap-

pointed as the standing committees for the ensuing year ;

Dr. Aul on the moral management of the Insane ;

Dr. Bates on the medical management of the Insane ;

Dr. Ray on the medical jurisprudence of Insanity ;

Dr. Kirkbride on the construction of Insane Hospitals ;

Dr. Nichols on restraining apparatus. Report adopted.

Dr. Stedman remarked that he had the good fortune frequently, to procure copies of rare works from England, and elsewhere, and would be happy to take orders from gentlemen for the obtaining of such at any time.

Dr. S. also made the same remark as to procuring for Institutions, pianos of Chickering's make, of Boston.

Dr. Bell solicited reports of trials in which the question of insanity is involved.

Dr. Bates suggested concerning accounts of suicides, that it is advisable to keep such articles from the hands of patients. Drs. Brigham and Kirkbride did not believe that a censorship of the press could be established in this respect. The subject was further discussed by other gentlemen.

Dr. Stedman moved that the Secretary be requested to furnish the editor of the *Journal of Insanity*, and of the various medical Journals of the country, with copies of the proceedings of this Convention ; also that a committee be appointed to select such of the reports read at these meetings, as they deem proper for publication in the *Journal of Insanity*, or in some other form. Adopted.

On motion of Dr. Bates, the Convention adjourned to meet at Boston, on the third Tuesday of June, 1850.

ARTICLE IV.
~~~~~**James Macdonald, M. D.**  
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ONE OF OUR most esteemed cotemporaries, and one of the most valued contributors to this Journal, has suddenly passed away. Dr. JAMES MACDONALD died at his residence, in Flushing, on the 5th of May last.

Though feeling ourselves quite unequal to the task of doing justice to his memory, we cannot let the present opportunity pass without giving our readers some slight notice of his brief and useful career. This, to some extent, we are enabled to do, owing to the kindness of a friend who has had access to papers not in our possession. At a future time we hope to embody in this Journal some of the valuable records and observations relating to the insane that he has left in manuscript.

Dr. James Macdonald was born at White Plains, in the State of New York, the 18th of July, in the year 1803. His father, Dr. Archibald Macdonald, was a native of Scotland, but came to America in childhood. This gentleman belonged to one of the Highland families, that took up arms in favor of the young Pretender, Charles Edward, when the Stuarts, in 1745, made their last effort to recover the crown of Great Britain. After the disastrous failure of that attempt, his immediate relatives fled to France, and when, at a later period, they returned, and emigrated to Canada, he accompanied them. Subsequently, he studied medicine and became

a Surgeon in the British army. Some years after the termination of the American Revolutionary war, he married in the county of Dutchess, and finally settled at White Plains, where, during the residue of his life, he practiced his profession with an extensive reputation. He died in December, in the year 1813.

The first years of Dr. James Maedonald's life were spent in his native village, where he acquired much distinction for an early proficiency in learning. After his father's death, his education was carefully superintended by an excellent and devoted mother. His first classical instructor was Isaac Hulse, who, in 1815, and for some time afterwards, taught in the adjacent town of Scarsdale, and who has since become a distinguished surgeon in the United States Navy. Subsequently to this, he was sent to the Academy at Bergen, in New Jersey, then under the care of Mr. Thomas Gabagan, where he continued for several years. It was originally intended that he should follow some mercantile pursuit. The profession which he afterwards embraced, was his own determinate choice, in opposition at the outset, to the wishes of nearly all his friends.

In 1821, he commenced the study of medicine, in his native village, with Dr. David Palmer, and was afterwards a pupil of the late Dr. David Hosack, of New York. Under this last eminent Professor, Dr. Maedonald finished his medical studies. After attending several courses of lectures, at the College of Physicians and Surgeons, in New York, he took the degree of M. D. on the 29th of March, 1825.

The Lunatic Asylum at Bloomingdale had at that day a *Resident Physician*, generally a young man, who lived at the Asylum; and the Institution was visited at stated times during the week by some medical man of eminence, called the *Visiting Physician*. At the moment of

Dr. Macdonald's graduation, the resident officer had resigned. With that promptness and self-reliance, which characterized him through life, he instantly offered himself as a candidate for the vacancy. He waited personally upon the several Governors of the New York Hospital, (of which the Bloomingdale Institution was a branch,) to all of whom, he was a stranger; with scarcely any recommendations other than those of the Professors, under whom he had studied. His frankness, youth, and intelligence made a favorable impression upon the different members of the Board, of which they afterwards often spoke, and he received the appointment, although opposed by two rival candidates, who, supported by powerful friends, had made the strongest efforts for success.

Dr. Macdonald now commenced the study of mental disease with great enthusiasm, and the medical responsibility of the Bloomingdale establishment, soon devolved upon him almost exclusively. He had not been long in office, when an instance of close investigation secured for him the favorable consideration of the Governors and Officers immediately connected with the Institution. Among the cases under treatment, was that of a man, whose ill-health and insanity could not be traced to any cause. He was of good habits, and in prosperous circumstances; no case of insanity had ever occurred in his family, and the disease could not be accounted for, by any reason moral or physical. His friends and medical attendants had all been baffled in their attempts to detect the origin of his disorder. Dr. Macdonald made a fresh effort, and he too at first was unsuccessful, but knowing that the patient had kept a public house, where liquors were sold, he instituted particular inquiries into the man's habits, before the occurrence of his insanity. It was at length discovered, that the individual in question was in the

daily practice of rising early in the morning, after which he immediately opened the room, where refreshments were retailed, and took the first drink of cider, which was pumped from a fountain, where it had stood the whole night previously. A strict examination was now made of the pump and fount, and it was found that the materials of which they were constructed, were in part *lead*, and that the acid morning draught of the insane person, had been in immediate contiguity with that metal for the space of seven or eight hours. The young physician now exulted in his discovery of a cause sufficient to account for the disease. Fresh from the medical college, he recollected that in his lectures, Dr. Hosack had mentioned, that *lead* introduced into the human system would cause disease and *insanity*. The patient after this, was successfully treated and recovered.

Dr. Macdonald remained at Bloomingdale as Resident Physician of the Asylum until the latter part of the year 1830, when he resigned, and commenced the general practice of his profession in the city of New York. Upon the occasion of his retiring from Bloomingdale, a resolution, couched in the most flattering terms, passed the Board of Governors, bearing testimony to the ability and fidelity, with which the duties of his office had always been discharged; and directing a certificate of their approbation to be furnished him, which was soon after done, by their President, the late Peter Augustus Jay.

In the Spring of 1831, the Governors of the New York Hospital proposed to send him abroad, for the purpose of visiting the Insane Hospitals of Europe, with the view of introducing at Bloomingdale, such improvements as he might find in those foreign establishments. The result of the negociation which ensued, was, that a new agreement was entered into, by which Dr. Macdonald was to

spend a year in visiting the Lunatic Asylums of the Old World, for the purpose of examining in detail, and of making himself acquainted with the economy, management and modes of cure, practiced in the best European Institutions for the Insane. On his return, the Governors were to commit to his exclusive care, the patients in the Bloomingdale establishment, in which situation he agreed to remain until June, in the year 1837.

On the 1st of June, 1831, Dr. Macdonald sailed in the packet ship Havre, from New York, for France, amply furnished with letters and documents, which secured for him a favorable reception from Directors and Physicians of Hospitals, and from the friends of science and humanity. He arrived at Havre on the 24th of June, and immediately proceeded to England, which was to be the first field of his investigations.

While zealously prosecuting the great object of his mission, Dr. Macdonald's industry secured him some leisure, which enabled him to look around, and gratify a liberal curiosity. In a letter, of July 13th, addressed from London to one of his brothers, he says:—

“Among other places, I have been to the Court of Chancery. It is a singular spectacle to see members of the bar in their wigs and gowns; but to me the most interesting personage was the Lord Chancellor. *Sitting*, Lord Brougham seemed a man of short stature, made up of nerve and sinew; his activity having left no time for the accumulation of fat. His face, far from handsome, is strongly marked, his forehead low, his eye penetrating, his nose slightly inclined upwards at the end, his mouth sarcastic and decisive to the last degree. Like his mind, the muscles of his face are in constant action, amounting even to spasmodic twitching. Unlike most other judges, he does not sit still and allow lawyers to conduct proceedings—he is the very life and soul of every thing, he spurs, drives, cuts short, and determines.”

In a letter of August 10th, he says:—

“I was last night in the House of Lords. A highly interesting discussion ensued, on a motion of Lord Londonderry, (the brother of Castlereagh,) that the Ministers should lay before the House, papers relating to the Belgian treaty. His intemperate, puerile speech, brought forth Earl Grey, who is a noble, dignified, statesman-like looking man, and a powerful speaker. The Duke of

Wellington followed, and then came the mighty Brougham, in rather a desultory, though most able speech, of an hour and a half—but so carried away was I with the orator, in the boldness and loftiness of his eloquence, the sallies of his wit, and the bitter biting of his sarcasms, that the time seemed not more than half an hour. In sarcasm, the Lord Chancellor has not, if he ever had, an equal. Such a dressing as he gave Lord Londonderry, I never heard before. Neither the room for the Lords, nor that for the commons can be compared in size, convenience, and elegance to our National Legislative Halls. The members sit on benches without desks. Those of the Commons, are plain—of the Lords, covered with crimson cloth, as are other parts of the room. A splendid throne is erected at one end for the King, when he visits the House,—and in one corner are some low seats for noble ladies, who sometimes attend; (several were there last night.) Into one end of the room, and around the throne, members of the House of Commons are admitted, but are not allowed to sit; it is the same with spectators at the other end.

"I saw upon this occasion, most of the nobles of the land. They are a plain, gentlemanly looking set of men. I was forcibly struck with the courteous and unaffected manner of *at least one* of them, the Marquis of Cleveland, who passing by, near where I was standing, picked up my gloves, which had fallen on the floor, and politely handed them to me. I mention this to show, what I believe Englishmen of real rank possess in private intercourse,—great simplicity."

Having carefully inspected the Lunatic Asylums in London and its vicinity, he left that place for Scotland in August, taking Cambridge in his way, at which ancient seat of learning, he spent a day or two. He stopped a fortnight in Yorkshire, and examined the celebrated Insane Hospitals of that province with "*great profit.*" In a letter to one of his brothers, written at this time, he gives an account of a visit to Sir Walter Scott, at Abbotsford:—

"Sir Walter, in consequence of sickness, has been for a long time invisible to almost every body but his immediate friends. By a singular hit of good fortune, I procured from a distinguished antiquarian, who had furnished the author of *Waverley* with many a curious legend, and who had been for years his intimate friend—a letter of introduction for Dr. H. (whom I met again in Edinburgh,) and myself. Abbotsford is not an hereditary estate of the distinguished owner, but has been purchased and improved by himself. He also built the house, which is Gothic in architecture, and very grotesque in appearance. Upon arriving at the door, and seeing many persons turning away in disappointment at not seeing the house, (for great numbers flock there for this purpose only,) little hopes were left of seeing the "*Lion*" himself. However, we sent in the letter, which was instantly followed by an invitation to enter. Sir Walter himself advanced into the hall and received us, shaking us cordially by the hand, and adding, that he was glad to see us. He led the way into his study, and

begged us to be seated. His full height, when standing erect, must be nearly or quite six feet, and he is much more slender than I expected to see him; this however, is owing, I suppose, in part to sickness. In addition to his former lameness, paralysis has rendered him quite a cripple. Walking costs much exertion, and is only performed by applying both hands to his staff. My first impression was 'here is a plain, open-hearted, rough-looking old gentleman, who, from all external appearances might have gone to the grave, really *unknown* as the "*Great Unknown*."' But the longer I looked upon him, the more forcibly I was struck with the strong lines and marks of his manly face. His eyes, which are full, when animated in conversation, are in the highest degree expressive; and if I were asked the predominant character of the expression, I should call it humor. With the neighboring organs, they would form a fine study for the Phrenologist. As usual, his tall dog was by his side, to which he good naturedly introduced us, as one of his most particular friends. Sir Walter, after some conversation conducted us in person, through the fine suite of apartments, ordinarily shown to visitors, and pointed out the most interesting objects. He seemed to dwell with particular pleasure on some old family paintings, and on one in particular, humorously representing an ancestress, in the act of taking a husband, who had been coerced into the measure by force of arms. The sulen bridegroom is seen sitting by the victorious lady, while the priest is reading the ceremony. He conducted us into the room containing the celebrated antiquarian collection, and repeated some appropriate verses in the drawing-room. Sir Walter pointed out the silver urn, containing ashes of the dead, which he said, 'poor Byron gave me, and for which I gave him in return a curious ancient dagger.' The library is extensive, though miscellaneous. In the language of the owner, 'it wants arrangement, and is the library of a whimsical man.' He noticed my Scottish name, which I am half inclined to thank for some of his kindness;—asked me, if I had seen any Macdonalds in Scotland; spoke of the late Glengany in the highest terms of eulogy, and inquired if I knew his valued friend, Bishop Macdonald, of Canada. Of the latter he related an anecdote, which I never heard before,—that during the late *unfortunate* war, as he kindly expressed it, the Bishop headed his flock, and led them to battle.

"You have, no doubt, seen various newspaper reports of the state of Scott's health. It is a subject which has excited considerable discussion in this country, and on which the public, though much interested seem to know nothing. What I say, (and pray excuse my professional and authoritative tone,) you may rely on as authentic. The truth is, Sir Walter has had two or three attacks of apoplexy and palsy, which have left behind a permanent paralysis of one side of his body, with great indistinctness of speech. Although during our interview, I discovered no decided marks of impaired intellect or memory, yet knowing the ordinary effects of this disease on the mental faculties of old persons, I am constrained to fear that the *rigor* of his mind, at least, is lessened. He thinks he has improved of late, and says he only waits for his son's leave of absence from the army, to go to Italy, but that after all, he scarcely knows what to think about going abroad on account of his health. The subject seemed to depress him.

"His accent is strongly Scottish—his manner most kind and unpretending.

Though so lame, with the genuine politeness of the old school, he saw us to the very threshold, on our departure. The deep interest with which I viewed this extraordinary man, was of a melancholy character. I could not but lament that one, so much above ordinary beings, should be subject to their infirmities, and that the world would perhaps not again be delighted by a new production of his genius."

After visiting the Lunatic Institutions of Scotland, Dr. Macdonald crossed the channel to Londonderry, and traveled south as far as Dublin. In subsequent letters, he says:—

"My visit to Ireland has been, in a professional point of view, highly satisfactory. The public Lunatic Asylums of Ireland, established by a late act of Parliament are of the *very first order*. Irish hospitality, I found, deserves all that is said of it. I feel much indebted to Dr. S—— for the letter to his friend Hargrave. Dr. Hargrave is a fine specimen of the genuine Irish character, and treated me with the greatest attention. At Belfast I met with a Dr. McDonnell, distinguished both as a man of science and a philanthropist; a fellow-student of Emmet, at Edinburgh. In feeling, he belongs to the old school; is hospitable and clanish to the last degree. He manifested much interest in me, and urged me to remain to be introduced to General Macdonell, (brother to the late Glengany,) whom he expected in Belfast in a few days. He calls me his namesake, and offers his 'correspondence.'"

In October, he returned to London, and soon left for Paris, where he arrived in the end of the same month. In this metropolis, he found himself, on actual trial, in common with most American travelers at that time, *deficient in French*, more especially in the *spoken language*; and in consequence, with the view of giving a proper schooling to his ear, he engaged a teacher, and took lodgings in a French family, where no English was used. Finding it impossible to prosecute his inquiries on the Continent without a good practical knowledge of the French *oral* language, he, for awhile suspended his researches, and by assiduous exertions soon made good the deficiency. From this cause, and for other reasons, a longer stay abroad than one year, the time originally agreed upon, became necessary; and he now applied to the Governors for a postponement of the period fixed upon for his return, until September, 1832. His applica-

tion was promptly acceded to by the Board on the reception of his request.

He says in a letter, written at this time:—

“The day after my arrival in Paris, I found myself a member of the Polish Committee for the distribution of funds sent to General La Fayette. I have called on our gifted countryman, Mr. James Fennimore Cooper, who received me with cordiality. He remembered A., and inquired after *him*, and many other inhabitants of Westchester County. He introduced me to Mrs. C., and has since been to see me.”

An extract from one of his letters, dated Dec. 8th, 1831, will show how earnestly he was employed at this time:—

“After witnessing the indefatigable zeal of French physicians, and the high state of medical science in Paris, my love of my profession has increased tenfold. I am now prosecuting the study of French with success. It may be satisfactory to you to know how my time is spent. I’ll tell you in few words, and in a hurried manner. I rise at seven in the morning, before it is quite light, walk a mile or two to one of the principal Hospitals, follow one of the great men through the wards, investigating diseases, and hearing his practical remarks on a variety of cases. Prior to leaving the Hospital, perhaps a post-mortem examination takes place. I return to my lodgings at about half-past ten o’clock, A. M., breakfast on bread and butter and coffee, and chat for half an hour in French with my host and hostess. The time between this and five P. M. I devote to the lectures at the School of Medicine, to study and exercise. At five I dine with a French family in the neighborhood, where nothing but French is spoken, and where I remain two hours. At seven I return to my lodgings, and spend the evening till half-past eleven or twelve in reading and studying, alone, or with my teacher. Thus you see I am pretty well occupied. As soon as my knowledge of French is sufficient, I shall transfer my lodgings to the neighborhood of some of the *other* Insane Hospitals in the environs, and devote myself to insanity exclusively. So much occupied have I been, that as yet, I have seen nothing of the *great sights* of this metropolis.”

Throughout January, February, March, and part of April, 1832, Dr. Macdonald was in constant attendance at the great Lunatic establishments, the *Salpêtrière* and the *Bicêtre*. The following extracts are from his correspondence at this period:—

“I am again attending to my duties at the great Lunatic establishment ‘L’Hospice de la Salpêtrière;’ but it is not exclusively appropriated to the insane. These form but *one* class among *five* received here. The classes are as follows: 1. *Reposans*, or aged servants of the Hospitals. 2. *Infirm*, or

those of eighty years. 3. Those of *seventy years, or who are afflicted with incurable wounds or local diseases.* 4. The sick. 5. *Epileptics or Lunatics.* The latter usually number from 1,500 to 2,000. The whole from 6 to 7,000. None but females are received in this establishment. There is a similar Institution, the *Bicetre, for men.* One is at first surprised at the great number of hospitals, and the crowds he sees filling them, in Paris. But, when we consider the national character of the French, and the condition of the poorer class, their pliability to any situation, and the impossibility for a large proportion to lay any thing by for old age or sickness, we at once see in the nature of things, ample reasons for such circumstances. I have been here just long enough now to begin to feel myself at home with the language. The Lunatic Hospital, which I am now attending, the *Salpetriere*, is *for females*, and contains no less than 1,500 patients. The greatest liberality is extended by the French Government towards strangers. Thus far I have used no introductions whatever. I conceived that as an ordinary student, I should see things more as they really are, than if I came as the accredited officer of a public Institution. Accordingly I presented myself to the physician in chief of the *Salpetriere*, as an American, desirous of learning the practice of French Lunatic Asylums. I was most cordially received, and invited to follow him in his daily visits. Thus, entirely unknown, I have been permitted to see daily every part of this great establishment. Not a patient under any circumstances has been hidden. How different was my reception in London, where, with the strongest letters of introduction, I was enabled only to see *certain parts* of Hospitals, and those only at particular periods.

"The Chambers are now in session, and I have visited them both. The Chamber of Deputies is a part of the Palais de Bourbon. The present hall is a temporary building to be used until the new one is finished, and is entirely without pretensions to elegance, but it has the advantage of being conveniently arranged for the accommodation of the public. Its plan is that of a Theatre, the floor or pit, occupied by members, and boxes or "Tribunes," for the Royal family, foreign ambassadors, the public, &c. The members of the French Chamber of Deputies are much better accommodated, than those of the British House of Commons, the former having each a desk, made, however, in rather a rude manner, and resembling stained pine wood. The orators are obliged to mount the Tribune, directly before the President's chair. Like the English House of Commons, this is a most tumultuous assembly. Marks of approbation and disapprobation are made in the same shouting and grumbling manner. The words, '*hear! hear! order! order!*' reported with the parliamentary proceedings, give the faintest possible notion of these cries. It is not only '*hear*' and '*order*,' repeated by an individual two or three times, but '*hear*' is cried out at the very top of the voice by two or three hundred lusty fellows, while the opposition almost as strongly attempt to drown it, by shouting '*order*.' The effect of this noise, which in England is worse than it is in France, is extremely ludicrous. I have seen but very little of *our* popular legislative bodies, but am inclined to think that they are much more decorous. Among the speakers, I heard at the Chamber of Deputies, was M. Perrier, the Prime Minister,—the

best speaker and ablest debater, I thought, that mounted the tribune that day. The Chamber of Peers is in the Palace of the Luxembourg, (only a hundred yards from my lodgings,) and resembles the Senate Chamber at Washington, though larger. I have been present at one session. It is a far less dignified body than our Senate, and is occasionally rather tumultuous. Most of the members wear laced coats, the peculiar dress of this body; but since the Revolution of July, this ceremony has not been exacted.

"In relation to the Polish Committee: having found it would not interfere with my other pursuits, I have attended many of its meetings, which take place at the house of Mr. Cooper, every Wednesday evening. General LaFayette sometimes meets and interests us with his conversation. The more I see of this Patriot the more I venerate him; and when I hear a Frenchman speak disrespectfully of him, it produces the same sort of sensations as if I hear my country and my countrymen abused. After the business of the Committee is finished, I usually pass the rest of the evening with one or two other Americans, in the family of Mr. Cooper. These have been by far the most agreeable evenings I have spent in Paris."

"The twenty-second of this month, (February,) must have been celebrated with extraordinary rejoicings in the United States. I did not know it was the hundredth anniversary of Washington's birth day, until I had arrived at Mr. Cooper's, to attend a meeting of the Polish Committee, which assembles there every Wednesday evening. General LaFayette was present, and in good spirits. After the business of the evening was concluded, Mr. Cooper observed that it was then just a century since Washington was born. The mention of this circumstance had quite an effect on the company. The General seemed to renew his age—his countenance beamed with philanthropy—he looked upon those around him, with no small degree of satisfaction. He spoke of '*the young Virginian*,' and his mother, whom he knew,—he also spoke of Washington as a statesman and a soldier. The scene was one I never can forget. The whole assemblage of circumstances, Washington's birth, the meeting of a number of Americans in the Old World for the benefit of a people who had been crushed, while struggling for their freedom, and one of these very people, the countryman of Kosciusko and Pulaski being then among us; the presence of LaFayette, a link between the past and present, were of too interesting a character to pass by like ordinary occurrences. Among Mr. Cooper's good qualities, patriotism stands conspicuous. He called for some champagne, and we drank to the memory of Washington and the Polish heroes.

"I still find Mr. Cooper's house the most hospitable and agreeable in Paris. I dined there yesterday, and spent the evening in the company of General LaFayette, who came in after dinner. The General is still quite vigorous."

In April, Dr. Macdonald left Paris for Italy. His route was through Switzerland, and he entered Piedmont and Lombardy by the Simplon road early in May. After examining the Hospitals for the Insane in the different Italian cities, he took the steamer at Naples, and returned to

Paris by way of Marseilles, in the latter part of June.

In a letter to his brother, dated, Florence, May 20th, 1832, he says :—

"The Hospitals of Italy are generally showy, and many of them magnificent buildings. The great Hospital of this city, for instance, has the appearance of a palace, and the Lunatic Asylum presents a façade of the most beautiful and correct proportions. The Italians, like the French, are ostentatious, and in building as in taking care of the body, are apt to adorn the *exterior* at the expense of the *interior*. There are Lunatic Asylums in all the towns I have visited. But this is not a subject to interest *you*, I will merely add, that as these establishments are the first objects of inquiry, I have, of course, examined them all. That in *this* town is one of the best in Italy, and equal to the best in France."

With respect to the Institution at Aversa, at that time, the most distinguished of the Italian Lunatic Asylums, he says, in a subsequent letter :—

"At Naples, the most important object to me, and but for which, I should not have gone so far south, was the celebrated Lunatic Asylum, situated near the town of Aversa, about seven miles from the metropolis. It was put into operation by Murat. Placed under the direction of the Chevalier Luiguite, a *ci-devant* priest, it soon acquired great celebrity; a celebrity arising more from external show, than from genuine utility. I had an opportunity of examining it pretty thoroughly, and must confess I received some useful hints."

Dr. Macdonald spent the month of July and part of August at Charenton, in inspecting the celebrated Institution for mental disease, situated in that village. In letters from this place, he says :—

"I have now every opportunity I could desire to study the treatment of Insanity, in one of the best Lunatic Asylums in Europe. When I say best, I mean so far as its management is concerned. The house itself is old, and composed of building erected on building at various epochs. Consequently it is not a model. I have daily access to all parts of the house, see all the patients, and am on intimate terms with the medical attendants. M. Esquirol, the physician in chief, has given me every facility, and has extended his private hospitality to me in a manner that I had no right to expect. My time is principally spent between the *Maison Royale de Charenton*, as the Hospital is called, and my books. The village of Charenton itself is a dull little place, situated on the Marne, near its junction with the Seine. On the opposite bank of the river (Marne,) is Alfert, the seat of the most celebrated Veterinary School in the world. This establishment possesses a library of domestic zoology, a cabinet of Comparative Anatomy, and another of Pathology; a Botanical garden, Hospi-

tals for sick animals, a Chemical Laboratory, a Pharmacie, and School of Practical Agriculture, an Amphitheatre, where lectures are delivered on Veterinary medicine and Rural Economy, farrier's shops, &c. &c. But unfortunately for me, owing to the affair of the 5th and 6th of June, in which a few of the students were implicated, the Institution is closed.

"In the vicinity of Charenton are the Park and Chateau of Vincennes, famous as the residence of the cruel and superstitious Louis XI., and rendered classic ground by Sir Walter Scott, in the romance of *Quentin Durward*. I am so much occupied with my studies during the day, that I have not time to think of my lonely situation; but when evening, the hour for relaxation and social intercourse arrives, I then feel that Charenton is, to use a French word, '*triste*.' And this dullness has never been felt, perhaps to a greater degree, than at present, in consequence of the prevalence of the Cholera, which attacks at the most unexpected moment during the night, as well as at mid-day, its unfortunate victims. A pestilence in a small place like this, is much more frightful than in a large city, because in the former, its progress is exactly appreciated, and every person attacked by it is known. And then, the Catholic funeral service is calculated to produce a serious effect. For some hours previous to interment, the entrance to the house, which is usually wide, is fitted up with black or white hangings, according as the deceased was single or married. The coffin, covered in the same manner, is placed on a platform, and lighted by six or eight or more large candles. In front, stands a crucifix and holy water. Persons passing by pay different degrees of homage, according to the extent of their religious faith. In France, most persons content themselves with raising their hats; the more scrupulous, however, kneel, cross themselves, and sprinkle the coffin with consecrated water. After a certain length of time the priest arrives with his assistants, bearing lighted candles, and habited according to the forms of the church, and in number according to the purse of the defunct. Then commences a low and solemn requiem. When it is completed, the pall-bearers, if the place of interment be near, as in this little town, raise the corpse, and convey it with measured step to its last abode. I have witnessed many scenes of this kind. A few mornings since, I descended from my room, and entered the "Cafe," next door, to take my breakfast. On the opposite side of the street was the corpse of a young female, who had died the evening previous with Cholera. While waiting the preparation of my coffee, the solemn chant commenced. Upon its conclusion, six young females, dressed in white, raised the bier, and preceded by priest and assistants, with their crucifix and candles, moved off towards the cemetery."

In August, Dr. Macdonald again went to London, and was for some time engaged in examining the new Lunatic Asylum for the county of Middlesex, which had been finished and put in operation while he was on the Continent.

In the ensuing month of October, he returned to New

York, and immediately took charge of the Bloomingdale Asylum, where he remained until the Autumn of 1837. On the 4th of April, of this year, in a letter to the Board of Governors of the New York Hospital, he resigned his office of Physician of the Bloomingdale Institution, declining to be a candidate for reappointment, in the ensuing month of June, when the term of his services, as agreed upon, would expire. He was succeeded in office by Dr. Benjamin Ogden, but out of regard to the wishes of this gentleman, who was at that time, the chief medical officer of the New York Alms House department, and busily engaged in reforming the public Hospital, then at Bellevue, Dr. Macdonald continued at the Bloomingdale Asylum during the greater part of the summer. On the occasion of his resignation, resolutions were again passed by the Board of Governors, conveying their "thanks to Dr. Macdonald for his able and faithful professional services as Physician of the Bloomingdale Institution," expressing to him the "gratification they felt at the great success, which for many years, had attended his treatment of the insane patients," and assuring him that they "held in just estimation the amiable and gentlemanly deportment, which had always characterised him during their long intercourse."

In the fall of this year Dr. Macdonald again commenced the general practice of his profession in the city of New York, and in the ensuing month of May, was married to Eliza Harris Miller, daughter of Silvanus Miller, Esq., of that place. This union, though destined not to be of long duration, was productive of much domestic happiness. Not long after this, he was elected by the Board of Governors, one of the attending Physicians of the New York Hospital, an office which he held about four years, and then resigned.*

*In the spring of 1839, Dr. M. again visited Europe, and examined several of the Lunatic Asylums, in the vicinity of London.

Three years after his marriage, he carried into execution a long cherished design, by forming, in connection with his brother, the Hon. Allan Macdonald, a private Institution for the treatment of mental disease. For this purpose, two houses agreeably situated at Murray Hill, in the suburbs of New York, surrounded with ample grounds, and shut out from public view by high enclosures, were at first employed. The establishment was opened on the first day of June, 1841; but the rapid approach of a crowded population, and an increase in the number of patients soon rendered a removal necessary.

In 1842, he was tendered the situation of Superintendent of the New York State Lunatic Asylum, which, after mature consideration, he declined.

With the view of placing their private Institution on a permanent spot, and in a more sequestered locality, the two brothers, in the winter of 1845, purchased the elegant and spacious mansion of the late Chancellor Sanford, at Flushing, one of the most costly and substantial country houses ever erected in America. To this place, (Sanford Hall,) the brothers, in the ensuing month of May, removed their establishment. Ever since this time, a train of improvements has been constantly going forward, having for its object the complete adaptation of the house and grounds to the particular purposes to which they were appropriated. It is unnecessary, perhaps, to add, that in this his favorite enterprise, Dr. Macdonald was in all respects, eminently successful.

An ordinary cold, taken in the beginning of the month, troubled Dr. Macdonald during the greater part of April, (1849.) On Monday night, the 30th of this month, at about half past ten o'clock, he left Sanford Hall for his own dwelling, which was at a short distance, in high spirits, intending to make his customary visit to New York, on the ensuing day, and to be present at the mar-

riage of a friend. Between three and four o'clock, on Tuesday morning, (May 1st,) he was suddenly attacked with a chill, and some symptoms of pleuritic irritation soon after supervened; but although he kept his bed, and subjected himself to medical treatment, neither he nor his friends considered the case dangerous. On Wednesday, his situation had become alarming, and information was immediately transmitted to his medical friends in town. Dr. Gurdon Buck came to Flushing, and stayed with him that night, and made a favorable report next morning. In the course of this day, (Thursday,) he received a long visit from his much esteemed medical friend, Dr. F. U. Johnston, of New York city, of whose judgment and skill he had always entertained the highest opinion. When Dr. Johnston left on Thursday afternoon, he was inclined to think Dr. M. out of danger, declaring appearances favorable. Apprehension on the part of Dr. Macdonald's friends now for awhile ceased; but early on Friday morning, Dr. Buck, who had again watched over him during the night, admitted that his symptoms were unpromising. About nine o'clock of the same day, Dr. Macdonald expressed the belief that he should not recover. This conviction he conveyed with gentle firmness to his wife. He said, that but for her sake, and that of his children, he would choose death rather than life; that he was, however, resigned to either event; that he had long endeavored in all his plans to keep the probability of his own death in view; though he regretted that he had deferred making some definite arrangements of his affairs, which he now felt unable to accomplish. He enjoined upon his wife a religious education for their children, and begged her to cherish in their hearts the memory of their father, of whom, even the older ones, would otherwise retain but a faint recollection. He then took leave of them, of his wife,

sister and brothers. To the friends who surrounded him, his death now seemed inevitable. Drs. Buck and Johnston watched with him alternately during Friday night, but did not suppose that he would live until daylight. He did however survive the night, but when morning came, it was evident that life was fast ebbing away. Mental hallucinations, which had been observable, though rarely, on the preceding day, now increased. It was affecting to see one, who had so often combated delusions in the minds of others, now becoming himself their victim. There was, however, almost until the last, an effort to contend against them. When first occurring he was sensible that they were aberrations. Then he would ask, whether some object that disordered fancy presented, were really there or not. The next stage was that of requiring positive assurance and argument before he could be convinced. When Mrs. Macdonald in her reasonings, pointed out the furniture in the room, he would recognise these familiar objects, and for the moment be satisfied that he was in his own chamber. Among other things she had called his attention to a miniature book-case on the mantel-piece, belonging to his children. For a time he endeavored to make that object his cynosure, and when the position of persons in the room intercepted his view of it, would desire them to move, so that he might "*see the book-case.*" These dis-tempered imaginations now increased, prompting the most pathetic requests that he might be taken home, and calling forth expressions of grief that he had been brought to die in such a wretched place. He fancied that he was in a mean tavern on the Third Avenue of New York, and pointed to the rude, vulgar pictures on the walls, and the leaky spots on the ceiling, as evidences of the truth of his belief. He still however recognized every one who spoke to him, but insisted that be-

sides the persons actually in the room, there were others whose appearance was revolting. Upon one occasion, when asked, if he thought the friends who surrounded him were capable of deceiving him, he answered with great energy, "*No ; but you are deceived yourselves.*" Almost up to the last, he continued to observe and make remarks upon the various symptoms of his disease, and once while noticing his pulse, he observed, "*it is but a thread.*" Indeed, the mental disturbance seemed to have reference exclusively to external objects. During the latter portions of this, his last day, he was extremely restless, constantly desirous of getting up, and then immediately returning to his pillow. Death came at last, (at about half past nine o'clock, P. M., May 5th,) while he was making an effort to get out of bed, as he said, "*to go home.*"

Dr. Macdonald's fatal disease was inflammation of the lungs and pleura, called by the physicians, "*pleuritic pneumonia.*" It was considered in the rapidity of its course, a very uncommon case. He, himself said of his own malady, that it was the most violent disorder of the kind, he had ever witnessed. The disease was so malignant that medical men thought there must have been some pulmonary affection of long standing, but this proved *not* to have been the case. On a post-mortem examination, both lungs were found very much inflamed, but the malady appeared to have been of recent origin.

The funeral took place at Flushing, on Tuesday afternoon, the 8th of May, and was numerously attended by persons of all classes, both from country and town, although the weather was extremely unpropitious. Among the number were some of the former nurses and attendants at Bloomingdale, to whom he had continued through life to be a friend and adviser. Throughout the village of Flushing, the shops were closed, and regret appeared in every countenance. The departures from life of our

great public men have been extensively lamented, but among all the deaths of private individuals that the writer of this can call to mind, none appears to have caused more sincere and general sorrow than that of the deceased.

The attachment which was felt towards him, by every one within the reach of his influence, was very touchingly manifested after his death. It need not be said how deep was the grief of those, who stood in the nearest relations. Some of the persons in his employ, athletic men, from whom an outward exhibition of tender emotions could not be expected, were seen weeping over his remains. One of them brought some beautiful greenhouse flowers, and disposed them about his corpse, and although they were necessarily removed three different times, as often renewed his pious task. These, his humble friends, claimed the privilege of bearing his body from its earthly home to the last resting place, and but for the weather, the wish might have been fulfilled. They did, however, with affectionate pertinacity, insist on conveying his remains from the church to the vault, in which they were temporarily deposited.

On Sunday morning, May 13th, Professor Ogilby, of New York, preached at St. George's Church, Flushing, a funeral sermon on the occasion of Dr. Macdonald's death, to a crowded congregation. The text was from the 37th Psalm; "Mark the perfect man, and behold the upright, for the end of that man is peace." Twice, during the delivery, the speaker's feelings compelled him to pause and wait several minutes for the return of self-possession.

Dr. Macdonald's reputation as a physician is in the hands of his medical brethren. As far as relates to his character in other respects, he who writes these brief notes can not drop the subject without a few words in regard to one, with whom he was so well acquainted. From early life, the deceased was distinguished for purity and delicacy of taste, sentiment and manners. Throughout the whole period of youth and the beginning of manhood, he was ardent in the acquisition of knowledge, both professional and general. In maturer years, the great objects of his devotion were plans of usefulness and benevolence to his fellow men, and they

were pursued with a persevering activity, which ceased only with life. Although entertaining upon most subjects very strong convictions, he did not obtrude his own principles and opinions upon others; still, he never failed to dissent mildly, but firmly, from any sentiment which he thought morally exceptionable. Few persons, holding opinions so decided, have been so generally on terms of social kindness with those of opposite views and character. While rigidly subjecting every act and feeling of his own to the rule of duty, he always exercised great forbearance and lenity to the faults of others. In his family he carried the art of teaching by example to its highest point. Simple, abstemious and self-denying himself, he was affectionate, cheerful and attentive to the comfort and enjoyment of those around him. In the exercise of his more peculiar professional duties, he often had under his care some of the victims of inordinate indulgence. Upon such persons no words probably could have inculcated so forcibly the lesson of self-control as his habitual temperance and sobriety. Involved as mental disease is often found to be with circumstances of great and peculiar delicacy, it is more easy to appreciate the degree of medical skill, which he possessed, than the value of his nice and judicious attention to every point, which could directly or indirectly affect the interests of his patients. It was this, which made him, in so many instances, not merely the physician of those under his care, but their confidential friend and counsellor. His high regard to religious principles enabled him effectually, even under the most trying circumstances, to control a temper, which was naturally irritable. He was an active and useful member of the Episcopal church, in which he had been educated, and for which he always expressed a strong preference. Shortly after having announced to his family the conviction of his approaching end, he requested that his friend, the Rev. Mr. Smith of Flushing, might be sent for. To that gentleman, on his arrival, he said, that he had no hope of recovery, but believing that the prayers of the righteous avail much, he desired in his own behalf the benefit of pastoral intercession. He declared fervently a consciousness of his own unworthiness, and expressed

his hope in death, which he based solely upon the merits of his Savior. In conclusion, the writer will not withhold his opinion, deliberately formed, that the character of the deceased, upon the whole, exhibited less of human infirmity, than that of any other man, who ever came under his observation.

Dr. Macdonald had always taken a deep interest in the condition of the insane poor. When in 1834, the municipal authorities of New York determined to erect on Blackwell's Island, an Asylum for such as had become a public charge, they applied to him for information, and he furnished them with plans for the buildings, and prepared for their use an Essay upon the construction and arrangement of Insane Hospitals. Thence forward he never omitted any opportunity of exerting himself in behalf of that unfortunate class, who were at the same time mentally diseased and destitute. In 1847, he was appointed Visiting Physician of the Lunatic Asylum on Blackwell's Island, in conjunction with his friends, Drs. Benjamin Ogden, and Abraham V. Williams, and the attention bestowed by all three upon the whole establishment, has led to the most extensive ameliorations. When this Medical Board was first appointed, one of the most important deficiencies was the want of a library for the use of the patients. By the exertions of Dr. Macdonald, who collected the means necessary from a few benevolent individuals in New York, the inmates of the Institution now have free access to a library of nearly twelve hundred volumes.

Dr. Macdonald left numerous manuscripts upon mental alienation, and kindred subjects, among which are a short course of lectures, delivered some years ago at the College of Physicians and Surgeons of New York. These were all written at hurried moments, taken from the hours of repose, and he anxiously looked forward for a time of leisure, which might enable him to present the medical world with some of the results of a life of much experience and investigation, directed mainly upon one point. His only *published* works, at present recollected, are:—

1. The above named Essay on the construction and management of Insane Hospitals.

2. A Review of "Considerations upon the Insane, by G. Ferrus," published in 1837, in a Philadelphia Medical Journal.

3. Statistics of the Bloomingdale Asylum, published in the N. Y. Journal of Medicine and Surgery, 1839.

4. Letter to the Trustees of the N. Y. State Lunatic Asylum, proposing a plan for organizing said Asylum, published in their Report, 1842.

5. A Dissertation on Puerperal Insanity, published in the *American Journal of Insanity*.

6. Several Reports on the condition of Blackwell's Island Lunatic Asylum.

Dr. M. was an active member of the N. Y. Medical and Surgical Society, and several cases of mental aberration reported by him to said Society, have been published in the N. Y. Journal of Medicine.



MISCELLANY.

TWO THOUSAND EIGHT HUNDRED DOLLARS DAMAGES,
RECOVERED OF AN INSANE PERSON, FOR KILL-
ING A MAN IN A PAROXYSM OF
MANIACAL EXCITEMENT.

SUNDAY AFTERNOON, May 28th, 1848, a stranger was noticed in Albany, apparently highly excited, brandishing a pistol and bowie knife. His conduct attracted the attention of some men and boys sitting in the park, who followed him through several streets. He told them not to come near him, as he was armed; but they continued to pursue him, and hurled stones at him, until he turned and fired a pistol at the apparent leader, John C. Mull, who was nearest to him. The discharge slightly wounded Mull, who immediately rushed upon the armed man, and in the scuffle that ensued, was stabbed by him in the side, so that he died a few days afterwards.

The stranger proved to be Thomas Kelly, from Du Buque, Iowa, the owner of a valuable mine in that region, and who had about his person nearly \$10,000. He was examined, and pronounced a monomaniac, and has since then been in the State Lunatic Asylum, at Utica. His insane delusion is, that persons are pursuing him to rob him, and he so regarded those who followed him in Albany. On other subjects he seems rational.

An action of damages was brought against the deranged man by the executor of the estate of Mull. Said Mull, at the time of his death, was a young man, a mechanic, earning when he worked, a dollar and a quarter a day. He left a wife and an infant child. The action was brought under the following law, passed December 13th, 1847, only a few months previous to the death of Mull.

“The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1. Whenever the death of a person shall be caused by wrongful act, neglect, or default, and the act, neglect, or default, is such as would (if death had not ensued,) have entitled the party injured to maintain an action and recover damages, in respect thereof, then and in every such case, the person who, or the corporation which would have been liable, if death had not ensued, shall be liable to an action for damages, notwithstanding the death of the person injured, and although the death shall have been caused under such circumstances as amount in law to felony.

2. Every such action shall be brought by and in the names of the personal representatives of such deceased person, and the amount recovered in every such action shall be for the exclusive benefit of the widow and next of kin of such deceased person, and shall be distributed to such widow and next of kin in the proportions provided by law, in relation to the distribution of personal property, left by persons dying intestate; and in every such action the jury may give such damages as they shall deem fair and just, with reference to the pecuniary injury resulting from such death to the wife and next of kin of such deceased person: provided, that every such action shall be commenced within two years after the death of such deceased person.”

The case was brought on in the Circuit Court at Albany, the 6th of June last, Judge Parker presiding, and was ably argued by J. K. Porter, for the defendant, and H. G. Wheaton for the plaintiff.

Judge Parker charged, "that if the conduct of the defendant (he being a madman,) was such, when at large, as to endanger the safety of persons about him in the streets, it was the right of Mull and others to secure him, and that they were authorized to use as much force as was necessary for that purpose. And that if, in doing so, by proper means, the defendant inflicted the wounds that caused Mull's death, the defendant was *civilly* liable for the damage caused, though he could not be responsible *criminally* for the act, in consequence of his insanity. This law had long been settled, and was conceded by the defendant's counsel. It was upon the ground, that the loss sustained ought to fall upon the persons causing it.

"If a lunatic took the money or property of another person he was liable to make the injury good, by way of damages in a civil suit. The rule was the same, whether the injury was to the person or property of another. But when such a suit was brought to obtain indemnity, nothing could be added to the damages by way of fine or punishment, for the lunatic was incapable of intending wrong. He was not responsible for any wrong intention, and could not be punished under indictment or otherwise for any injury he might commit. And if the jury thought the act complained of was committed under such circumstances as to make the defendant liable, they would give by way of damages only the actual loss sustained."

The jury returned a verdict of \$2,800.

We do not know but this verdict was legal and right, but we have doubts. The law says, "whenever the death of a person shall be caused by wrongful act," &c. Can an insane man commit a *wrongful* act in the sense that the law contemplates? Besides, insane persons when unmolested, do not frequently commit heinous acts, but such persons are easily exasperated, frightened, and rendered furious. No doubt in this case, Kelly thought he was defending himself against a mob, intent on killing

and robbing him. In such cases, we think the inquiry should be *very strict*, if those who thus suddenly pursue a deranged person through the streets, are altogether in the right, and are acting with due deliberation, caution, and from proper motives.

At all events, we regret that one of the first decisions under this new law, should have the effect to take the property from an insane person, who, laboring under the direst affliction of Divine Providence, rendering him incapable of intentional wrong, committed an act for which he is not responsible, criminally. Such decisions must, in some cases, have the effect to strip the unfortunate wife and children of the afflicted maniac of all they possess, and the maniac himself of the means of restoration; in order to pay for what? that which has no calculable value—which cannot be estimated by dollars and cents.

What guidance had the jury to enable them to determine that the damages in this case was \$2,800? Man, in this region, has no marketable value; and as Jeremy Taylor says, “death meets us everywhere, and is procured by every instrument, and in all chances, and enters in at many doors;” how can we calculate in dollars and cents the value of that which is so uncertain as life?

THE INSANE POOR OF IRELAND.

Thirty years since, Mr. Thomas S. Rice, after long exertions induced Parliament to grant power to the Lord Lieutenant of Ireland and his council, to erect District Lunatic Asylums. Ten have been built, and have accommodations as follows:—That at Armagh has 137 beds, Belfast 251, Derry 214, Carlow 193, Maryboro 194, Richmond 289, Ballinasloe 310, Limerick 339, Waterford 127, Tipperary 137.

We learn from the *Medical Times* that there is no medical man at the head of any one of these Asylums, nor any resident medical officer; but a superabundance of “Boards of Governors, Nobility, and Gentry.” They are not curative institutions but mere prisons for the insane. The records and reports of these establishments are said to be valueless.

MR. GASKELL, late Superintendent of the Lancaster Lunatic Asylum, England, has been appointed one of the Medical Commissioners of Lunacy,—we suppose, to supply the vacancy occasioned by the death of the eminent DR. PRICHARD.

DR. THURNAM, of the York Retreat, England, has been appointed Medical Superintendent of the Wiltshire Lunatic Asylum. These are good appointments; both gentlemen have had much experience in the care of the insane, and are distinguished writers on mental diseases.

We have received from DR. KIRKBRIDE, Secretary of the Association of the Medical Superintendents of American Institutions for the Insane, the official account of the proceedings of the Association. We regret it came too late for insertion in this number. We have, however, carefully compared it with the Report which makes the third Article of this number of the *Journal*, which was in type before the official report came, and find that we have embodied all of the latter in our article.

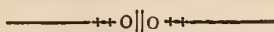
 NOTICE.—This number will be sent to many subscribers who are in arrears as to payment. We most earnestly entreat all such to remit to the Editor of the *Journal of Insanity*, Utica, what is due, and if they do not wish the Journal to be sent to them hereafter to notify us.

COST OF VARIOUS ASYLUMS FOR THE INSANE IN THE UNITED STATES, INCLUDING LANDS, BUILDINGS, AND FURNITURE.

Maine Hospital, Augusta.....	\$125,000
New Hampshire Asylum, Concord.....	35,000
Vermont Asylum Brattleboro'.....	20,000
Massachusetts, McLean Asylum, Somerville,.....	250,000
“ Worcester Hospital.....	155,000
Connecticut Retreat, Hartford.....	70,000
New York Asylum, Bloomingdale.....	220,000
“ State Lunatic Asylum, Utica.....	436,000
New Jersey Asylum, Trenton.....	153,000
Pennsylvania Hospital, Philadelphia.....	325,000
“ Friends Asylum.....	84,000
Virginia Asylum, Staunton.....	106,000
South Carolina Asylum, Columbus.....	100,000
Ohio Asylum, Columbus.....	160,000
Indiana Asylum, Indianapolis,.....	70,000

Several of these Institutions have been much enlarged since the above estimates were obtained. We do not know the amount of expense thus incurred.

AMERICAN
JOURNAL OF INSANITY,
FOR OCTOBER, 1849.



ARTICLE I.

On a Form of Disease resembling some advanced stages of mania and fever, but so contradistinguished from any ordinarily observed or described combination of symptoms, as to render it probable that it may be an overlooked and hitherto unrecorded malady : by LUTHER V. BELL, M. D., Physician and Superintendent of the McLean Asylum for the Insane, Somerville, Mass.

[Read at the meeting of the Association of the Medical Superintendents of American Institutions for the Insane, May, 1849.]

Soon after it fell to my professional lot to treat the insane in considerable aggregations, now more than a dozen years since, my attention was called to a class of cases, not unfrequently presented, and of the gravest moment, but of which I had had no previous experience, and the authorities offered no distinct recognition. Every year since succeeding, has presented more or less specimens of the form of disorder referred to, and I have found, on personal exchange of opinions with my co-laborers in this speciality, that its existence has been verified by others, and it seems to have had its existence recognised in an annual report of one of our institutions, some time since.

It is clear to me that none of the treatises on cerebral diseases distinctly comprehend this pathological state of the system, and in the works devoted especially to insanity generally, or mania in particular, the only thing which could be fairly understood to indicate that it had ever fallen under the describer's notice, would be found in the delineation of the advanced stages of some occasional varieties of intense maniacal excitement, presenting some of its features with more or less clearness.

It is not my design to attempt, at the present time, a complete monograph of the peculiar affection referred to. I have, in fact, not that complete satisfaction in my own mind that this developement of peculiar symptoms indicates the necessity of its forming a new item in the arrangements of nosology. I hope rather to make a beginning by casting my facts into the common stock, and am ready patiently to wait for their just appreciation and analysis, in your minds, aided by the comparisons of your experience.

In examining the Registers or Case Books of the McLean Asylum, from the 30th of December, 1836, to January 1, 1849, a period of twelve years, and comprising an admission of over 1700 cases, I find some forty cases, which, according to the diary and my recollections, have presented essentially the indications hereafter to be described. Three quarters at least, of them, terminated fatally. The remainder promptly and entirely recovered,—so much so in fact, that one of my distinguishing marks will be found to be deduced from this speedy and sequel-less restoration.

Other cases in the practice of my predecessors have been brought to my notice by the recollections of the experienced steward, formerly in immediate charge of the male wing. A specimen of these, in illustration of very decided, though very opposite methods of treatment, will be presented.

In three very well marked instances, patients already in the house for considerable periods of time, have succumbed under these symptoms, supervening upon ordinary forms of chronic derangement. These cases might be given.

It is, of course, out of the question to give the results of our experience with any approach to numerical exactitude. The investigations were not conducted with any direct end in view, and the minutes, both of manifestations and of treatment, were not made with that care and accuracy, which would have been practiced, if the examples had been regarded as peculiar or specific.

With all these disadvantages of re-examination, I can only expect to dig my new species from the mass of rubbish,—of confused, irregular conglomerations of amorphous appearance, to separate it from the encumbrance of incidental matters, and so present it, that others may be able to satisfy themselves of its genuine individuality, and then enter upon the critical and exact analysis of its true and essential essence; or else to decide that it is only an old variety with some accidental and illusive peculiarities.

That a new disease should be manifested at this advanced day, in the calendar of medical history, is not without many precedents. That such should occur in the great family of maladies involving the nervous system, would be the least improbable, when we reflect how less than all others these have been studied, comprehended and treated, until within a comparatively recent period. The history of delirium tremens, of that broad field of the neuralgiæ,—and, still more closely connected with our pursuits, of that specific manifestation connected with the practice of masturbation, plainly demonstrate that there is no improbability of new entries being made in the catalogues of nosology under the

more exact observation and closer pathological deductions of our times.

I will proceed to give a general picture of the cases which have passed before me. After the detail of these examples, I will show to what extent particular features may be wanting or be changed, by the relation of particular instances.

SYMPTOMS.

The patient is usually brought to you in a situation which impresses you, at first glance, with the feeling that you are receiving a subject scarcely suited for the cares of an institution for the insane. His physiognomy and articulation are rather those of fever and delirium. He sinks into a chair, with his shoulders bent forward as if very feeble. When informed where he is, his mind appears to comprehend the fact dimly. His hands and tongue are tremulous; the pupils are either contracted or dilated, but without intolerance of light. The face is pinched up, yet florid and greasy. The expression anxious. The tongue coated thickly, and the mucous surfaces considerably reddened. The delusions are indefinite—confused—but partaking always of the distressful type. There is loathing of food, with suspicions of its being filthy or poisoned. If there be thirst, as the condition of the tongue and face strongly indicates, it is not conveyed to the sensorium.

The type of the aberration is like the low mutterings of typhoid fever, except that the faculties can be stimulated by a direct inquiry to a momentary correct action. Your patient, in his general, dull apprehension of impending danger, makes constant attempts to get out of bed, and if permitted to do so, will stand until exhausted. I find by our record that almost every one of these cases was treated with the bed-strap to secure recumbency—a measure scarcely ever employed with us in any other case. Oftentimes this sensation of danger

will exhibit itself in the patient's attacking any one who approaches him, with a blind fury. If held, he will struggle with the utmost desperation, irrespective of the number or strength of those who may be endeavoring to restrain him. There is no just calculation of numbers supposed to be attacking, no disposition to yield to an overpowering force, noticeable in some degree in the blindest fury of the most intense forms of ordinary mania.

The pulse is small and rapid ; although the general aspect of the patient has, in perhaps a majority of instances, led to the suspicion that some probably subacute form of meningeal inflammation was present, yet it has rarely happened that the practitioner first in charge had been induced to deplete by venesection.

On inquiry of the invasion of the attack, you will find that it came on quite suddenly "about a week since" — frequently, indeed, by a sudden outbreak. There are no antecedents of questionable actions and conversations, as are almost always described in common cases, or even in the most rapidly developed instances of acute mania.

The progress of the disease does not present any great change of characteristics. The patient will get so little food, so little sleep, and be exercised with such constant restlessness and anxiety, that he will fall off from day to day. The emaciation goes on with a rapidity unexampled in the cases of mania, or fever, or *delirium tremens*. At the expiration of two or three weeks, your patient will sink in death, diarrhœa occasionally supervening a few days previously.

On the other hand, if the tendency is favorable, convalescence is established in about the same period, and the sufferer emerges in a state of absolute recovery at once, as he would do in the delirium of any acute disease. Nor are there any of the general consequences such as attend mania, as melancholy or impairment of mental

integrity. The cure is permanent as well as complete.

During the continuance of the disease you will look in vain for any of the superficial marks on the epigastrium or abdomen, which are supposed to mark typhus or typhoid fever. There are neither pain on compression, eruption, sudamina, or meteorism.

I have had but few opportunities of making autopsic examinations of this class of cases, and the results of these presented a very meagre and scarcely appreciable amount of changes. The slight cerebral and meningeal engorgements which constituted the only marks of diseased change were not greater than the incidents of sleeplessness, agitation and death might be expected to leave, independent of any great morbid action behind these.

In two cases I had the benefit of the experienced eye and hand of our most distinguished pathologist, Dr. J. B. S. JACKSON, as given in the detail of those instances, but with no better success in detecting the lesions of structure.

DIAGNOSIS.

The diseases with which this would be deemed as having the greatest resemblance, and with which alone it would be in any danger of being confounded, are:

1st. *Delirium tremens*. The general expression of countenance, the tremor of limbs and of tongue, the pervigilium, the general tenor of the delusions, all have a certain resemblance to the nervous disturbance of *mania à potu*, but it is similitude not identity.

If unadvised wholly of the patients' habits as regards the abuse of stimulants, which of course, if known, would form a clear key, the practitioner would not fail to observe the much greater clearness of the hallucinations and pictures passing through the brain of the victim of drink,—his much greater readiness to express and

argue respecting them, and his facility in being temporarily soothed.

Both are apt to be bathed in perspiration, the smell and character of this secretion in the delirium tremens is quite pathognomonic to the experienced observer.

2nd. *Some inflammatory action of the brain or the meninges.* Most of our cases have evidently been deemed as depending on a less intense degree of inflammation than marks phrenitis or acute meningitis. The bounding pulse, the throbbing carotid, the wild and blood-shot eye, the intolerance of light, the burning thirst, the raving delirium, the acute pain, represented to accompany these, are certainly all wanting. As before intimated, the condition of the circulation has rarely been such as to lead to venesection. Where such depletion has been resorted to, it may have been induced rather by the general moral conviction that inflammation was present, than from the fair interpretation of the symptoms. Case X. may perhaps be thus explained.

The absence of any direct evidences of inflammatory action, and of the vestiges of such action in the brain after death,—the fact that depletory measures have been uniformly injurious, while, as we shall have occasion further to observe, a free use of the diffusible stimulants appears to have exerted a most favorable influence—the sudden cessation of the disease without losing any traces of disordered action behind, all favor a very strong body of presumption that nothing of the lower or subacute forms of such action within the cranium, has been at the basis of the indications.

I regret that I have had no opportunity since my attention was especially turned this way, to make an examination of the cavity of the spinal column, where it may hereafter prove that many unsuspected forms of disease in our province may have their seat. Still I cannot believe, as respects this variety, that any thing

like inflammation exists. Its whole features are much more in analogy with those disturbances depending solely and exclusively on some immense functional disturbance of the mysterious operations of the nervous system. For illustration, look at one of the cases of *opium eating*, occasionally committed to our institutions. You or perhaps your patient withholds the accustomed narcotic. Within a few hours a dreadful sensation of misery follows;—there is a peculiar feeling of lightness of the head,—a tormenting lumbar pain. Restlessness and jactitation, similar to that known as the peculiar feature of fever,—the *febrile restlessness* of Dr. Southwood Smith, are soon developed. If the drug is still withheld, these indications are followed by symptoms which, to an observer, called in without being advised of the antecedents, would probably be interpreted as unequivocal signs of inflammation, and that probably of the cranial contents. The pulse has become rapid and quick,—the tongue coated,—the eye blood-shot, the thoughts are not wholly under the patient's control to communicate,—there is heat of the head and flushed face. Yet there is no reason to suppose that any step towards inflammation has been made here. For a full dose of the accustomed narcotic soon brings every thing into the usual train, and disperses all the misery and anguish.

3rd. *An advanced stage of typhoid fever.* The fact that for several years we regarded these cases as depending on the existence of fever, and on their decease returned them in the annual recapitulation as “unfit,” will be perhaps the strongest indication of the sincerity of our conviction of the analogy of the manifestations. Others more competent to judge from their daily observation of typhoid fever have fallen into the same error. Case XII. and case IX. were brought from the General Hospital, where they had been entered as fever, until the excitement had become so violent as to require their

removal. The prominent contradistinguishing marks, if they could be all ascertained, (which at times is difficult,) would be, 1st, in the stage of disease as measured by the lapse of time. The epoch of muttering delirium of typhus, resembling what is here manifested after a week from the outset, would not be expected in that disease under fifteen or twenty days; 2nd, The absence of the eruptive indications of typhoid fever; 3rd, The want of infectious character in this, while a case of fever with us has proved the nucleus of other cases; 4th, The absence of the pathognomonic lesions of typhoid fever; 5th, the pathological changes in the intestinal canal, post mortem. Upon the whole, there is a considerable resemblance but not enough to deceive the experienced investigator. Case XIII.* was under the care of one of the most distinguished physicians of the hospital, who early suspected that it was something, other than one of the ordinary shapes of febrile disorder.

5th. *Some of the manifestations of passive congestion, or the state in which there is a deficiency of the cerebral circulation, and a remora within the venous system of the brain is produced.* Much as all of us daily hear of a congestion of the blood in the brain, of an "overflow upon the head," or however otherwise the phraseology conveying the same idea may be varied, we should perhaps all agree that the evidences of such a state as connected with any abnormal mental condition, were exceedingly meagre. We should probably all coincide in the conviction, that the circulatory function performs a very obscure and insignificant part in all the ordinary forms of cases received within the walls of an insane hospital. We may not improbably, from hearing so much of the mistaken recognition of this connection, and seeing so little of it, be rather indisposed in cases like that under view, mimetic of derangement rather than really essential, to

*This and other cases are omitted as superfluous.

give a fair consideration to this possible pathological explanation.

Some of the forms of passive congestion, as described by Dr. Prichard in his contributions to 'Tweedies' Essays on nervous disorders, would seem to present a good many points in common with our symptomatology, combined with other wholly different particulars. Take for example his description of those cases where the brain is not suitably stimulated or nourished by the arterial fluid.

Without detailing the points of accordance and disagreement, it is enough to draw the broad line of separation between one disease and any forms of either active or passive congestion, to observe, that these are ordinarily chronic and readily relievable diseases, while the other has the sudden onset and the rapid, defined march, of the acute and self-limiting maladies. To place then, the peculiarities of this form in a tabular or synoptical order, I should say that :

1st. Its onset is rapid, almost all the cases dating back about a week only, before the day when the urgency of the manifestations compelled a resort to the insane hospital.

2nd. The want of sleep has then become extremely urgent.

3rd. There are no signs of undue arterial action in the pulse, or in the vessels immediately supplying the head.

4th. The intellectual wandering is suspended for a moment or two by an effort of attention.

5th. There is entire loss of appetite, and in fact such loathing, as seems to excite, in the sufferer's mind, the notion of poisoned or filthy food.

6th. The hallucinations are scarcely affected by external circumstances, and partake of an indefinite sensation, of distress and horror. The patient will sometimes have a struggle of desperation, when the attempt is

made to take off his clothes, place him recumbent or the like, but cannot be soothed by any management, as in delirium tremens or ordinary mania.

7th. There is an absence of any of the characteristic external marks of typhoid fever, and, as is believed, although sufficient examinations have not been made to justify my declaring such to be absolutely the fact; there are no pathological lesions evidenced in the intestinal canal, the brain or its meninges, or other of the great cavities.

8th. It is acute in its march and sequel, running its course to death or to entire recovery, in three or four weeks. And the recovery is complete and permanent.

Its prominent differences from mania, are:

1st. The mental disturbance is rather delirium than mania. I need not dilate on this essential feature of distinction. 2nd. The appetite and digestion in mania are usually good, or preternatural, when the system is undisturbed by medicinal agents. 3rd. In mania, the sleep, however much abridged, is still existent. 4th. Mania scarcely ever has a duration short of two months, is preceded by strangeness and other doubtful signs,—rarely ever having a decidedly acute onset, and perhaps is always followed by a period of depressed spirits. 5th. Mania rarely ever terminates in death, while this is a very fatal form of disease. 6th. The bodily strength in mania is maintained from first to last. Here the immense collapse, except under the wild, although confused excitement of apprehended danger, is presented within the first days,—perhaps forms the very earliest token of disease.

As compared with delirium tremens, we notice: 1st. The absence of the cause. 2nd. The exact images of delirium tremens. If similar impressions are present, they want that defined precise shape and color and clearness. It is rather indistinct impressions of sinfulness and of personal danger, than the serpents, devils,

shcritfs, vermin, and the like that can be detected. 3rd. The pathognomonic perspiration of *mania á potu* is wanting. 4th. Delirium tremens has its run of not over eight or ten days, when, after a broken sleep or two, the sufferer has a long and refreshing slumber, during which the nervous energy seems to accumulate to an extent equal to the demands of the system, and he is essentially well. A vast proportion too, in delirium tremens, recover spontaneously.

The next forms of disease with which this may be confounded, are the inflammatory affections of the brain and its meninges. 1st. These have the pulse of inflammation. This has not : as remarked depletion by venesection or arteriotomy, or even by cupping, has rarely been resorted to by the first attendant physician, sufficiently apt, as is well known, to resort to such depletory means in all cases where mania can be supposed to exist. The pulse is that of irritation, not inflammation. 2nd. There is no pain of the head. 3rd. There is no intolerance of light. 4th. There is an absence of the high, raving delirium, represented to accompany cerebral or meningeal inflammation. 5th. There is no thirst, as indicated by voracious imbibition of fluids. 6th. No relief is experienced from the application of cold to the surface of the head. 7th. Decided benefit is derived from the use of diffusible stimulants, which would be expected to aggravate ordinary inflammations. Lastly : This affection agrees with passive congestions of the brain in the decided effect produced by stimulants, and in some relief from recumbency ; but does not coincide in the pale surface, the general consciousness, except, perhaps for short periods, and the chronic character of the congestions.

The final result of all the attempts to bring its characteristics to the standard of any described form of disease, is in my view, that it must be regarded as one of the

nervous derangements which has hitherto been overlooked and undescribed.

I will now present my cases, not arranged in the order of their occurrence, nor comprising a copy of the record, for this would carry them to an unnecessary length, and involve much irrelevant matter, although I have deviated as little as possible from the language of the book, not wishing to hazard the possibility of subsequent impressions, tinging the complexion of the facts, described as they were presented.

CASE I.

C. E.—Admitted March 14, 1846; *æt.* 55; unmarried; in no business; very temperate and exemplary in his habits and life.

Exhibited first marks of disease on the 8th inst.—was found in a state of rigidity, supposed by the physician to be voluntary. This soon disappeared; appeared very sad; expressed depressing views of his sinfulness; (in health is a religious man of *liberal* sentiments;) declined eating because so sinful; but at the same time tongue became thickly coated—breath very foetid. On arrival at Asylum, appears weak and sunken; complexion flushed and greasy; hands cold; pulse small and rapid. Understands generally where he is, but evidently supposes it some punishment.

Continues to loathe food; tongue and lips parched; quite unconscious of persons or things; only idea, a dim, confused delusion of spiritual kind. Sleeps very little—no intolerance of light—pupil without marked change.

He continued with essentially these indications; his bowels being moved occasionally by enemata, as it was difficult to prevail upon him to swallow. The treatment consisted in giving him wine whey, toddy, and other diffusible stimulants, and without much amendment, until about the 9th day, when his tongue became better; he had some appetite and slept. For some days after this his in-

tellectual perceptions continued very confused, and manner melancholy. After the lapse of a fortnight he presented no signs of intellectual disturbance. He slowly recovered his strength, and after some weeks was dismissed perfectly well.

He has kept up a very friendly personal intercourse with us from that time to the present, which enables me to state that there was no subsequent condition of exhilaration or depression, nor any injury done to his intellectual or sensitive powers.

None of the peculiar marks of typhoid fever existed ; neither eruption, sudamina petechiæ or subsultus. No opium was given, nor any depletory means used. The bed-strap, designed by Dr. Wyman, was employed to induce recumbency.

CASE II.

E. A. F.—A young woman *æt.* 24; unmarried ; admitted Feb. 22, 1847 ; has had fine uninterrupted health and well balanced mind.

First indications of illness, not more than a week since, in a sudden attack of violence, without any cause or provocation known to her friends. This has been repeated at intervals since, and for the last two days she has been constantly in a state of chaotic wildness—being either wild and unmanageable except by force, or stupid and unconscious, and passing very suddenly from one of these conditions to the other.

23rd. Had a quiet and stupid night ; is reported to have eaten well.

24th. Had violent outbreaks an hour or two at a time ; breaks glass ; reported to have “ slept an hour.”

26th. Continues restless and noisy ; appears to have no recognition of any one ; lies much with head thrown back, eyes directed upwards ; stands with the same peculiarities ; sleeps but little ; takes very little nourishment.

March 2nd. Falling off in strength and died on the 7th.

In this case there was an entire absence of every thing like intolerance of light as in ordinary mania; the pulse was small and rapid, tongue coated, while there was more excitement than in most of these cases, the voice, ideas, excited by internal emotions, without reference to external circumstances, and expression of countenance were like delirium of fever; bowels constipated; no eruption; no abdominal meteorism, or pain on compression.

Autopsy, by Dr. J. B. S. JACKSON. "March 8, 1847. Head only examined. Great congestion of membranes and brain; sufficient moisture but no serous effusion; consistence of brain not remarkable; septum lucidum, not softened."

In this case the treatment was essentially expectant, as nothing could be got down, except by the use of more force than was deemed justifiable. Cold applications were liberally applied, as the face was red, room darkened, &c. No stimulants or opiates were administered.

CASE III.

E. H.—Admitted Nov. 27, 1843; *æt.* 35; married.

About ten weeks since had an attack of jaundice, and became much enfeebled. About three or four days since suddenly broke out in what seemed violent mania. The assistant physician's record gives the idea that was entertained of the nature of the affection on her admission: "this is evidently an attack of acute inflammation of the brain, and resembles very strongly the delirium attendant upon an attack of fever;" has slept none since her raving commenced, and is obliged to be held by two or more persons constantly.

Dec. 2.—Has slept but little, not more than one hour per day since she came—is perfectly delirious—face flushed—lips parched—tongue covered with a thick dark

fur in the centre—talking incessantly—is restrained with the bed-straps to keep her in bed and recumbent.

Dec. 7, 9, 15.—Record does not indicate any thing of essential change—minute amount of sleep noted.

Dec. 25.—Noted that she takes little food and sleeps little—has lost flesh and strength with great rapidity. Did not recognise her husband at an interview.

Jan. 8.—Had a partial return of consciousness.

Jan. 21.—Still wild and incoherent.

Feb. 3.—Has been taking morphia for a week back—confused.

March 1.—Is entirely well, and 13th is discharged.

This patient has continued perfectly well to the present time. Had no turn of depression, nor any change in her mental state subsequently. In addition to what has been picked from the record, it may be added that she never had any intolerance of light, nor any such increased arterial action as to lead to either local or general abstraction of blood, either from the attending physician or at the Asylum.

CASE IV.

J. D.—Admitted April 24, 1846; *æt.* 33; unmarried; shoe-manufacturer; habits rowdy and dissipated, but scarcely intemperate, until he was converted two years since, since which has been correct.

A week ago, without any precursory symptoms, even posthumously recalled, suddenly became wild and raving—thought he was the wickedest man living—that he had the weight of the sins of the world on his shoulders, &c.

After admission, remained an hour quiet but with an excited, flushed countenance and sparkling eye, as if exerting the utmost self-control; then began to vociferate, howl and stamp, which he continued all night. Indicates confusedly the most agonizing delusions in regard to the immense weight upon him, walks staggering around

with his spine crouched in the semblance of a person almost borne to the earth by an overweight. Yells because he is just about to be crushed.

April 26. Bruises and injures himself—beats his head most furiously—scratches open the vein of his arm and bloodies his room extensively—probably loses a quart of blood.

27th and 28th. Noted that he is very noisy—very violent—that he is furiously mad—bed-straps applied—mixes the idea of magnetism in his delusion—has intervals of calmness and exhibits consciousness that the paroxysms of fury are approaching.

May 2nd. Says he has slept three or four hours, “which is the first time he has slept so long, or indeed has been to sleep at all.” Has taken sufficient nourishment, but no appetite—tongue thickly coated—expression exceedingly wild—no intolerance of light—probably never has had the slightest consciousness where he is.

Nothing is noted throwing light on this case until the 17th of May, when it stated that he is more quiet because he is weaker—takes food irregularly—sleeps little—movements impulsive.

He lasted along, wasting flesh rapidly, until the 15th of June, when he sunk without any recovery of reason—having become stupid and rather comatose the last week or ten days.

No autopsy permitted ;—I recollect generally that we felt that the accidental venesection in this case produced an augmentation of the excitement. There was no intolerance of light. His face was flushed throughout ; tongue thickly coated. No eruption, sudamina, or tympanites. No carotid throbbing or other manifestations of excessive arterial action.

The treatment was quiet ; forced recumbency ; cold applications. In fact mainly expectant, without opium or diffusible stimuli.

CASE V.

C. P.—Admitted, Nov. 14, 1844, *æt.* about 40 ; married.

“The first insane symptoms were noticed about a week ago, soon after attending some phrenological lectures. Her mind has been in a wild chaotic state ever since.”

19th. Has continued highly excited ; screaming most of the time and perfectly incoherent. Her face was flushed—pulse small and frequent ; no intolerance of light ; great restlessness.

21. Appears quite feeble ; appetite poor ; lips dry ; tongue covered with a thick dark coating ; sordes on the teeth ; pulse rapid and very feeble.

22. Is confined with the bed-straps to prevent the continued effort to get out of bed ; is quite low and feeble, but is somewhat better than yesterday or the day previous.

23. Saw friends who were sent for under the belief that she would not survive ; appears to have some recognition of them.

Dec. 2. Has gradually amended ; now sits up ; is quiet ; mind still obscured on many points ; does not know how long she has been here, nor any of the circumstances connected with her leaving home. She forthwith recovered her reason and was dismissed Jan. 4, 1845. She had no turn of depression or other form of mental change, and continues in perfect health.

There was no intolerance of light, nor the external marks connected with typhoid fever. The treatment was essentially expectant, without depletion or opiates, symptoms being met as they presented themselves.

CASE VI.

L. H. O.—Admitted Sept. 1, 1846 ; *æt.* 56 ; formerly an officer in the army, and afterwards in the customs ; married ; habits in respect to eating and drinking somewhat intemperate ; recently disappointed in hopes of a

re-appointment, and probably has drank more than usual of late.

On the 28th ult., he visited Lowell in search of business, and while there he was suddenly seized with the present attack, which was there regarded as an onset of delirium tremens, but which was afterwards regarded as furious mania. Previously to that nothing unusual had been observed.

This excitement has continued unabated till his being brought here. On arrival appears rather sunken; confused as if not comprehending what was going on; face flushed but shrunken; pulse small; has had, as far as is known, no sleep since his seizure. Has taken little or no food; no appetite or thirst; tongue, lips and fauces dry and parched; breath very foetid. Considerable shaking of the muscular system. No intolerance of light; can be roused to accurate replies when his attention is arrested.

3rd. Constantly excited and delirious; general expression that of an anxiety and distress. Continued without essential change; sleeping little or none; loathing food; emaciates rapidly; grew weaker and weaker until the 8th, when he *died*; having had occasional glimpses of recognition of his family, who were with him from an early period.

The treatment was essentially expectant; stimulants not given from the first. Pulse never such as to render depletion expedient.

CASE VII.

H. A.—Admitted Feb. 18, 1842;—paper maker; *æt.* 40; married; habits exemplary; was a patient here eleven years since; recovered and has continued well to the present time.

“Last Sabbath evening,” the account states, “while attempting to speak in a religious meeting, it was first observed that his mind was not sound; his wife also

thinks that her suspicions had been excited a short time before.

When brought to the Asylum, he is in a very excited state; talkative; incoherent; comprehends that it is the same place where he formerly was and desires to remain.

24th. Continues constantly excited; face flushed—no intolerance of light; destructive to bed-clothes; tongue coated and rather parched; still the account states that his “appetite is sufficient;” sleeps but little, probably none.

A swelling, abscess and sphacelation occur in his hand consequent upon some slight bruise.

27th. Sphacelation has advanced; glands about the axilla and neck much swollen; pulse 120 and small.

28th. Did not recognise his wife who visited him. Talks confusedly and wildly; as gathering even momentarily of his consciousness. Became exhausted, dull and comatose. Died.

In this case, imperfect as is the record, the great points of its *sudden invasion, the absence of arterial action, and absence of morbid retinal sensibility*, are sufficiently marked to distinguish it from the active form of cerebral or meningeal inflammation.

The great disturbance of the digestive functions here, as in the other cases, is unusual in simple mania.

CASE—VIII.

E. A. P.—Wife of an officer U. S. N., admitted July 17, 1847; *æt.* 31. Her health had not been good for several weeks; suffering, as was supposed, from anxiety about her husband, then on duty in the Gulf, in the midst of the late war with Mexico.

The first positive invasion of derangement occurred about a week ago, when Dr. N. and his wife, friends of her and her family, had been invited to take tea. She asked the Dr. after tea to walk in the garden, and there

made him communications, evincing wild and distressful delusions about her domestic state. They were so satisfied that she was out of her mind, that they remained with her through the night; hoping, however, from the suddenness of the attack that it might prove merely hysteria.

From that time, however, her violence was extremely great, attacking wildly and indiscriminately all who approached her, until it became necessary to remove her here. She was brought up in a carriage, a distance of 35 or 40 miles, and is represented as having contended violently all the journey.

Opiates had been prescribed without benefit. In fact, her sleep had been almost reduced to nothing.

18th. Highly excited; slept none; necessary to apply bed-straps; no high arterial excitement; no intolerance of light; no carotid throbbing, nor heat in the head; face moderately flushed; no appetite.

22nd. Continues without change; sleeps only two or three hours per night; recognizes no one.

27th. Leeches applied and cold applications as heretofore. Tongue has been thickly coated.

Aug. 2nd. Has continued with no considerable variation in symptoms. To-day a diarrhœa has come on, and towards night has become slightly dysenteric.

3rd. Is sinking without any return of consciousness. Dies. No autopsy.

This was the first in a series of over eighty cases of severe epidemic dysentery, continuing until the early part of October in the institution.

CASE IX.

E. S.—An educated German. Admitted August 18, 1848; *æt.* 30; unmarried.

No traces of disease, well defined, for more than a week, when he was first noticed to be excited, agitated, suspicious; fancied that his food was poisoned; that

some conspiracy was existing against him. Dr. Bowditch was called, who, from the general character of his symptoms, believed an attack of typhoid fever to be impending, procured his admission into the Massachusetts General Hospital. At the Hospital, he soon proved so violent, vociferating out of the windows, attempting to get out of them also, preventing the whole ward from sleeping, that it was absolutely necessary to bring him over here.

On arrival, presents very markedly the physiognomy we have been wont to associate with the form of disease under consideration. Delusions indistinct, painful; gathers himself; speaks English, a recently acquired tongue, correctly, but with a manifest translating effort. Tongue much coated; no intolerance of light, no pain in the head; face pale and greasy. Struggles to get out of bed, so that it is necessary to confine him to recumbency with the bed-straps.

For several days things remained much in the same state. The course pursued essentially expectant.

25th. Coat on tongue begins to clear; mind more intelligent, but full of curious suspicions, directed solely against the attendant who has had charge of him.

30th. Gains slowly—sits up—appetite and digestion are good.

From this time he gradually regained the entire soundness of mind and body, passing through various degrees of restlessness; suspicion of the same individual; irritability until he arrived at a perfect state of health, which has been maintained; no depression, exhilaration or other peculiarity of intellect, or of the sensibilities being manifested. He was dismissed on the 3rd October, although the entire course of his symptoms could not be considered as occupying more than five or six weeks.

I have abstracted various other cases from the record books, but they are so essentially similar to those pre-

sented that it is hardly worth while to weary you with their recapitulation. The general outline of "attacked about a week before—with no precursory symptoms—the extreme violence of the delirium—the small and quick pulse—the absence of intolerance of light, or other marks of cerebral inflammation—no pain—excessively limited amount or entire deprivation of sleep—reluctance to take food"—is prominent in all. Death occurs either two or three weeks from the onset, or such entire recovery as we see after ordinary attacks of fever, and without the disturbed nervous balance, usually attendant on maniacal attacks. In all the cases, the onset, march, specific marks of typhoid fever have been wanting.

There is that indefiniteness in the record, natural enough in view of the fact, that these cases were not deemed other than phases of other diseases.

So with the treatment. It will be noted that this was essentially meeting symptoms, and without any particular convictions that the pathological demands were met.

I have deferred, designedly, the suggestions which later experience has furnished, as to the probable course of treatment which it is believed will be found best adapted to meet the exigency; and in conclusion, I shall be obliged to offer it rather as one of the strong impressions resulting from the course and event of a few cases, rather than a fair deductive inference from a series of well-investigated and well-recorded examples.

I have alluded to the strong resemblance which this disease bears, in a few of its features, to subacute meningial inflammation, especially in the delirious type of the mental wandering and the pervigilium. The following case appears to have been regarded and treated as if that pathological view had been strongly in the mind

of the eminent practitioners, who directed the means employed.

It illustrates a method of medication not uncommon at the period when inflammation was supposed to bear a more important rôle in the pathology of diseases of the mind, than it is now supposed to hold.

CASE IX.

N. L. H.—Admitted Dec. 26, 1830; *æt.* about 30; married; of good habits. “Nothing that amounted to positive derangement was observed, till about a week or ten days since. On Wednesday last it was found necessary to subject him to restraint. On Thursday morning was administered an emetico-cathartic of calomel, ipecac, and tartarized antimony, and through the day gave solution of epsom salts, until the contents of the stomach and bowels were sufficiently evacuated; during the night and day following took sol. antimony; cold applications to the head. Having had two or three fainting fits, the sol. ant. was discontinued. On Saturday, took no medicines until night; head shaved and cupping glasses applied, but much blood was not abstracted. *There has not been so much arterial excitement as would justify blood-letting.*”

It appears that during this period he imagined that he had been slandered; threw his watch into the fire; torn clothes; strikes, kicks and bites. Friday night complained of head-ache, and was sometimes tranquil and spoke of his derangement. Slept very little. Next morning, after arrival, it is said that he has slept none; it requiring two of the attendants to keep him upon the bed; strikes and kicks; attempts to smash his head against the walls of his room; vociferates; eyes wild; expression of countenance wild and fierce. R. sulph. mag. unciam dimidiam. Pulse 100. Head kept wet with cold water.

28th. Slept none; necessary to strap him upon the bed; conversation entirely incoherent; talks constantly; salts have not operated. R. Ol. croton tigllii gtt. iii. Pulse 98.

More calm at evening; cathartics operated powerfully; pulse 100; tongue coated.

29th. Became again more excited at midnight. Morning visited by Dr. W. in consultation. The temporal artery was opened, and eight oz. of blood taken, *which caused no material alteration in the pulse*; is now (11 A. M.) again becoming excited, face flushed, head hot, tongue dry and coated, eyes red. At evening slept half an hour and awoke excited; tosses himself about; constantly talking, incoherent, hurried, and unintelligible.

30th. Slept none; muscular strength considerably diminished since the bleeding; appears exhausted. Afternoon four leeches applied to the temple; pulse 120, more calm; disposed to sleep.

31st. Slept half an hour last night; tossing and restless; pulse 120; face much flushed, &c.

Jan. 1st. Slept ten minutes last night; this morning put in warm bath, and afterwards slept two hours.

2nd. Last night slept none; this morning pulse 72; put in warm bath, which appears peculiarly grateful to him.

3rd. Slept none; has had no dejection for three days.

R. sulph. mag. one and a half oz. Not having operated at 2 P. M. R. sulph. mag. three drachms. Pulse 90. His turns of excitement last night appeared to be periodical in their accession, calm and excitement about an hour each. Salts not operated. R. ol. crot. tigllii gtt. ii.

4th. Cathartic operated; slept none; this morning pulse 78, eyes red; face flushed; silent. Three leeches applied, abstracting one and a half oz of blood; fifteen minutes in the warm bath; took pulv. ipec. et opii grs.

xx. Slept two hours, the room being darkened. Tongue very much coated, almost black.

5th. Slept none; fauces and tongue dry; pulse 78; face hot and flushed; eyes wild and red. *Pupils of the eye were observed to be unusually contracted yesterday for the first time and continued so this morning.* 12 o'clock blisters 6 x 4½ to calves of each leg; pulse 84.

6th. No sleep; pulse 94; pupils no longer contracted; face not so much flushed, nor eyes so red. Catches hold of imaginary things; picks at the bed-clothes.

7th. Slept 30 minutes. Muscular strength much diminished, talks none. Within two or three days, carbuncles of various sizes have appeared. Lies upon his back with eyes closed.

8th. Slept 20 minutes, motionless and speechless.

9th. Placed in a warm bath at 96 deg. F., afterwards slept. His head shorn as well as his neck and four leeches applied; blister 5 x 3½ in. applied to the nape of the neck. Pulse 85 to 90. Appetite rather improved; talks none.

10th. Hands in constant motion. Refuses food; fixes eyes on one object; takes no notice. Pays no attention to calls of nature. Has slept none; leaves his mouth open after tongue is examined.

Evening, pulse 96 and irregular; face unusually flushed. Tr. opii gtt. xl. placed in his mouth, but is unable to swallow.

11th. Slept 20 minutes.

12th. Slept none; pulse 65 to 75 and weaker.

14th. Took yesterday ol. croc. tig. gt. i, which operate thrice. Slept 30 minutes. Hands and feet disposed to become cold.

15th. Blisters to the head to-day; slept 20 minutes last night.

16th. Slept two hours. Warm bath 20 minutes.

17th. Slept two hours; is much emaciated.

18th. Nothing of moment.

19th. Ten minutes of sleep ; spoke for the first time for these five or six days, and appeared to have his reason, but soon relapsed.

20th. Slept two hours—pulse 65 ; answers questions correctly at times. Takes wine, gruel, &c.

21st. Slept one hour ; says he feels better.

Things continued so much the same that it is hardly worth while to abridge the case book, for a week longer, when, on the 28th, he died. No examination was made, post mortem.

It may be well to mention that this gentleman had had an attack of mania some years previous, and that class of diseases are rather constitutional in his family. In fact, since this paper was commenced, I have had an application to receive a daughter, who was believed to be approaching the same state. Her case is still pending.

If it is demanded where is the evidence from this account, that the case might not have been genuine phrenitis, and consequently all this treatment well founded ; the reply would be that the condition of the pulse, the normal condition of the retina, and the effect of depletion rather to augment than relieve the symptoms, renders it almost certain that the diagnosis was erroneous.

TREATMENT.

It is difficult for those of us educated at a time when the doctrines of Rush permeated and swayed the medical mind of the country, and when consequent inflammation and its counteracting remedies appeared to be recognized in almost every form of severe malady, to disabuse ourselves of the impression that in a train of symptoms, at least, so strongly simulating inflammatory action, it would be safe to leave the result uninfluenced by depletory, or at least anti-phlogistic remedies. Still more

reluctantly are *our* minds forced to the conclusion, that the very opposite medication can be demanded.

To stimulate what is already under unnatural stimulation, to overcome a high degree of morbid action by one more intense, or differing in its character, are, to be sure, necessities not unfrequently or timidly encountered, but when so delicate an organ as the brain and its envelopes is to be protected from the present effects and future consequences of mischievous processes in action, to proceed with a bold and decided hand in the administration of alcoholic stimulants, would require in most prudent men's minds something more than the convictions of pathological inferences. We might perchance be willing to fall back upon the non-interfering *expectant* plan, or pursue the often discreet method of meeting symptoms as they become developed, or their urgency demands.

Nothing short of actual experience under a sufficient extent of observation to justify a generalization which will stand the test of time and trial, could warrant the bold reliance upon the stimulating plan intimated as being that which meets the end.

Yet it seems to my mind that experience will eventually compel us to no other conclusion. I desire to speak with that caution which the importance of the subject claims, and which the paucity of accurate observation of results alone will warrant. I believe that from the earliest point of those cases, they should have the diffusible stimuli poured in with a most liberal hand; in fact, until a change in the internal misery, if I may use the word; the cause of all the confused external manifestation; is reached. For the last year and a half, I have so managed the cases which have come into my hands, not amounting, I am however bound to say, to more than five or six, a small number to authorize generalization, and that from the very instant when I was clear in my diagnosis. I have thought that there was no possi-

bility of mistaking coincidences for consequences in the prompt influence of such stimuli. The illustration I have adduced of the prompt and complete effect of a dose of the accustomed stimulus in remedying the terrible tempest of the whole system, moral and physical, following the abstinence of the victim of opium-eating, even when advanced to that degree of intensity when irritation appears to have passed into positive inflammation, does not seem to me overcharged or exaggerated, in expressing the relief I have, in a few instances, witnessed to follow the exhibition of alcoholic stimulants in the symptoms now described.

It is wholly beyond the power of language to convey, even if there was a clear distinction in the mind, the rationale of the derangements of the mysterious functions of the nervous system, when disconnected from their bearings and influences upon the other great functions of the animal economy. Like the operations, diseased and normal, of the cognate intellectual system, both moral and sensitive, we can arrive at sound views of treatment only by experiment and experience, with little aid from physiology or pathology in the abstract. Thus deducing conclusions, I cannot but have a considerable amount of confidence in the treatment I recommend. The theory suggested that there is a certain analogy in the influences brought into action by the peculiar properties of alcohol, and these now suspended functions, which usually depend upon vital processes of the brain and nerves, may be only worth employing as constituting a convenient language to convey a very ethereal and unsubstantial idea to the mind. The simple fact that the beneficial results have followed in a very fatal and discouraging condition under methods hitherto employed, I would commend to your most careful investigation.

I know not that my experience authorizes any practical suggestions as to the method of prescribing this

agent, or pursuing its effects, to an association like this, familiar with the most rigorous and fearless administration of therapeutic agents. Domiciliated with our patients, ready at all hours, by day or night, to watch the effect of our prescriptions, sure of their being fairly and fully carried into effect, without hazard of the interference of timid friends or unfaithful nurses ; obliged to make no disguise, no prescription for form or appearance sake, it is in our power to follow out the best convictions of our judgment, uninfluenced by aught extraneous to the object desired.

The safety and expediency of medication, pursued irrespective of the ordinary notions of the books on therapeutics, has been so strongly illustrated in the experience of institutions for the insane, that I need not suggest to you the necessity of looking only to effects, not to doses or quantities, in prescribing agents to meet great perturbations of the nervous system. In tetanus neuralgia, and the like forms of intense nervous commotion, the compulsory necessities of the cases, long since acquired for the profession the valuable experience that the condition of things, rather than abstract directions, based on experiments on the *quasi*, healthy constitution, fixed the extent to which drugs were to be given. Our experience in the use of narcotics in mania, in melancholia and the like, has occasioned a new record of similar results, little appreciated as yet by the profession at large. The ordinary practitioner would scarcely deem that twenty or thirty grains of pure, solid opium, or three ounces of a saturated tincture, as a dose safe to be administered in any case. Yet the records of many or most of our institutions, will give proofs of the expediency and perfect safety of such administrations. Or again, let the student who has received his notions of the powers of conium from the highest book authorities, directing him to measure his steps cautiously, under

doses of four or five grains daily, learn that the continued daily use of five or ten times as much are essential to obtaining its peculiar effects, and he will suspect that in our classes of disorders, medical agents must be given with a bold hand, as they are, and should be under a vigilant eye.

The administration of diffusible stimuli in the affection which has occupied the preceding pages, must be thus governed.

At the next meeting of our association, I trust that the experience of so many of us, in such wide fields of observation, may enable the many deficiencies, incident to this topic, to be more or less accurately filled.

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ARTICLE II.

The Relation between Phrenology and Insanity.

By H. A. BUTTOLPH, M. D.,

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[The following article was read before the Association of Medical Superintendents of American Institutions for the Insane, at their session at Utica in May last, and was not intended for publication. The writer not having time to revise it,—on that account rather reluctantly yields to our request, to insert it in the Journal.—*Editor Journal.*]

For the purposes of this inquiry, it will be assumed that phrenology is the true science of mind, and therefore, that it bears a direct and important relation to insanity.

This science teaches that the mind is a perfect whole, but made up of many parts or faculties; that these faculties are primitive peculiar powers, that they differ in strength, relative and absolute in different persons, and finally, that they depend upon the brain for their manifestation. Phrenology, then, is the science of the heal-

thy functions of the brain, or the physiology of that organ.

Insanity is the term used to signify the perverted or deranged state of the mental functions, and is embraced in the pathology of the same organ.

Phrenology bears the same relation to insanity, that physiology does to pathology.

To give a brief outline of the relations between this science and insanity ; and to point out in a general way its practical bearings upon the subject, is all that is now contemplated.

For a full discussion of the subject, a volume would be required ; and also the possession and exercise of enlarged powers of mental analysis and discrimination, and minute knowledge of the structure and functions of the brain, and nervous system generally.

The truth of phrenology being admitted, no proof or argument is required to establish the importance of a correct knowledge and application of its principles by those engaged in conducting the moral treatment of the insane, and it may be added with equal propriety, by all those concerned in the guidance and training of the human faculties ; whether acting in the capacity of parents, guardians, mental and moral, or even religious instructors :—indeed, the knowledge of the true science of mind, is indispensable to the attainment of the greatest success and highest enjoyment, in any and all the departments of life. That persons have succeeded to a certain extent in many of the stations alluded to, without a knowledge of its principles, and perhaps while even opposing and ridiculing the science, is true ; and yet this fact forms no real objection to the ground here taken ; for if without this knowledge good has resulted, how much greater good would have been secured, and how much farther advanced would have been the race of man in the attainments of science, literature and art :

in civil government, and in the moral and religious sentiments, if the different classes of human faculties had always received the training best adapted for their full developement, and harmonious exercise.

But to proceed in stating the relations of the science to the subject in question.

For convenience of description its bearings will be considered in reference to the prevention, diagnosis, prognosis and treatment of mental disease.

PREVENTION OF INSANITY.—To this branch of the inquiry alone, might be given the space allotted to the entire essay, so numerous, varied and important are the means suggested by phrenology, for preventing this disease. The first and indispensable condition to mental soundness, is the possession of a well proportioned healthy brain, and to secure it, phrenology suggests that due attention be paid to the laws of hereditary descent, and to those of health generally. For practical directions for securing the desired results, through the application of phrenological and physiological laws, reference is made to the various systematic treatises relating to these sciences.

Next in importance to the possession of a well formed and healthy brain, is the education, or training of the faculties. In this is embraced not only such instruction as is necessary in acquiring a knowledge of the various arts and sciences, as painting, sculpture, language, music, mathematics, etc., but also such prolonged and systematic use of the faculties, as is calculated to excite and strengthen the weak, calm and repress the over-strong, and confirm each class, and the individuals of the various classes, in the tendency to concerted and harmonious action. Finally, a direct acquaintance with the principles of phrenology, and a cordial and implicit obedience to their dictates, are also indispensable to the full attainment of its proffered securities against disease.

A knowledge of this science, gives to every reflecting man an intimate knowledge of his own faculties, by which means he is forewarned of danger and avoids the circumstances likely to disturb the equilibrium of his powers:—or if, perchance, he is occasionally surrounded by adverse influences, from which there can be no escape, he is thereby better prepared to submit to their effects; and if thoroughly imbued with the principles of the science, will do so, evincing the calmness of the philosopher and the patience of the christian. Can anything be conceived of better adapted to prevent insanity, than the habitual exercise of faculties thus trained for action or for christian submission under trial?

DIAGNOSIS OF INSANITY.—The correct diagnosis of this, as of other diseases, is often a matter of equal difficulty and importance. Whether the acts of a man are considered in reference to his social, moral or legal responsibilities, as connected with others, or simply in reference to the necessity of medical and moral treatment, for his own welfare and safety, the question of diagnosis is important. Here, again, phrenology comes to our aid, and by revealing a correct system of mental philosophy, greatly assists us in forming correct views of the conduct and motives of others, both in health and disease. When mental derangement results from obvious and well known causes, and is exhibited by a sudden and striking change in the intellectual character of the individual, no difficulty is experienced in its diagnosis. Where, however, it arises from very slight disease of the brain, induced by either physical, mental, or moral causes, separately or combined; the departure from the healthy mental standard of the individual, consisting only in a slightly increased or lessened acuteness of the intellect, with occasional faint delusions in regard to external relations and objects, coupled with a disturbed state of the moral, social, or animal feelings; inducing

timidity, suspicions, jealousy or revenge, according to the natural predominance of these feelings, or the extension of the disease of the brain, so as to embrace the organs of these faculties; the diagnosis is often difficult, and if, as it frequently occurs, the question of the responsibility of the subject, for the commission of crime is raised, the correct diagnosis becomes a matter of great importance; involving as it may, the liberty, civil rights, or even the life of the individual.

Masked disease of this kind often exists for months and years, unsuspected by the friends of the parties, or other persons, until some sudden, though perhaps long premeditated act of fraud, of suicide, or of homicide, reveals the truth.

In other instances, disease may primarily affect the organs of the feelings, poisoning their fountains, exciting, depressing or perverting them from their office and ministry in the mental group; and in the end, resulting as did the former, in some sad and unlooked for catastrophe.

I need not cite examples in illustration of the cases here described; the records of hospitals for the insane, and courts of justice, and *injustice*, too, are filled with them, and it may be added, with shame to the jurisprudence of every country, that these persons are often made the victims of their misfortune, as diseased subjects, in the dungeon and on the scaffold.

But why these mistakes in jurisprudence,—why these immolations of individual cases of insanity, which are only specimens of large classes, in every public establishment for their cure? The answer, undeniably, is, that judges, and jurors, and lawyers, persist in shutting their eyes, in stopping their ears, and in hardening their hearts, against the obvious teachings, and the oft-repeated demonstrations of phrenology.

The bare mention of the fundamental principles of the science, that the mind is composed of a plurality of fac-

ulties, depending upon the brain for their manifestations ; that through disease of this organ, the social, moral and animal, no less than the intellectual powers, are subject to derangement and impaired responsibility, is sufficient to solve the whole mystery attached to "moral insanity." With these facts in view, the unmeaning trumpery of the courts, about finding a test of mental soundness in the state of the memory, the reason or the conscience, vanishes like darkness before the light of day ; leading us devoutly to wish that the dogmas of obsolete systems of mental science, which still mystify and mislead judicial authorities, in regard to the diagnosis of insanity, could be consigned to oblivion, as summarily and as perfectly, in the practice of the courts, as they have been in theory, by their phrenological judges.

PROGNOSIS OF INSANITY.—The relations between phrenology and the prognosis of insanity, is also worthy of attention ; for although the result of disease in the brain cannot always be foretold by the aid of any and all the means within our reach, yet a full understanding of the nature and objects of the primary faculties, and of their mutual and reciprocal influence and dependence upon each other, in disease as in health, will aid the physician in adapting the moral treatment, to the mental constitution of each patient, thereby enabling him, in many cases, to anticipate the final result.

TREATMENT OF INSANITY.—The treatment of insanity is properly divided into physical and mental, or medical and moral. To the former belong the use of all physical agents, as medicine, baths, diet, etc., etc., which should be applied in accordance with the pathological indications of each case. To the moral treatment of the disorder, belong the use of mental and moral agencies, and that the insane may derive the full benefit of their influence, they should be applied as nearly in accordance with the principles of mental sci-

ence, as the existing derangement of the faculties will permit.

That there exists an intimate and important relation between phrenology and the mental and moral treatment of the insane, is obvious from the theory of the faculties; and the comparative results of ancient and modern practice.

Under the old system of mental philosophy, the mind was generally regarded as a unit in its constitution, and as ethereal in its essence. It was believed to exist in each person as an immaterial emanation from the Creator, and that although slightly connected with some point of the body, brain or nerves, yet that it was quite too dignified and refined in its character and offices, to be subject to physical laws. During the prevalence of these views, all changes in the mental and moral state of individuals were accounted for by supposing that the mind was determined in its volitions, by the influence of good and bad spirits: the character of the agent being inferred, from the conduct of the subject.

At this time the insane were considered as being possessed with devils, and of course, exorcism resorted to for their relief. After the ages of wonder passed by, improved views of physical science, and with them of mental philosophy, gradually arose, each era being marked by progressive advancement in the treatment of physical and mental disorders. The insane, however, were still treated with neglect, with ridicule and with violent abuse, pursued often to the death of the hapless victims.

The early attempts at medical treatment consisted mainly in the "prescription of injurious or useless drugs, given without reference to the peculiarities in the physical and mental symptoms." Finally, asylums, or rather "medical prisons," were provided for their safe custody, and in which they were often immured for life,

subject to the mockery, abuse and stripes of inhuman keepers ; without any attempt at rational treatment, without employment or amusements, and with only gloomy walls and galling chains for companions. In this state of wretchedness and degradation they were abandoned by friends, who desired the knowledge of their connection with them extinguished.

In modern times improved views of the medical and moral treatment of the insane have kept pace with the advancing state of physical and mental science : but although great ameliorations in the condition and management of this class had been effected prior to the introduction of the phrenological philosophy of mind, by the enlightened and benevolent Pinel and others, yet, to the prevalence of this system are the insane mainly indebted for the well defined and philosophical views of mental and moral treatment now in vogue. That some have adopted the maxims of phrenology without admitting, or perchance even knowing their obligation to the science, may occasionally be as true of physicians, in treating insanity, as of professors and divines, in teaching science and theology : their silence however, in regard to the merits of the former, or even their opposition to its truth, may not be valid proof against its relations to the latter subject. " By revealing the nature, number and origin of the human faculties, the conditions of their operations, their mutual influence, their modes of acting, and the natural laws by which their manifestations are regulated," phrenology has assisted to elucidate and more fully to establish the correct system of moral treatment of the insane, than any and all former systems of mental science. In the treatment of insanity, it teaches that the disordered faculty or faculties when depending upon recent and acute disease of the brain, should remain at rest, or as nearly approximating this state as possible. To this end, treatment in an asylum or hospital is gen-

erally preferable to private : the deranged faculties being less subject to agitation from outward occurrences, and more readily yield to necessary restraints imposed by strangers, in a public institution, than by friends, in their own dwellings, or when at large.

When, however, the faculties become torpid and weak from long continued overaction, or from want of mental stimuli, it may, and often does become an object of attention, to arouse them to greater activity, by supplying such physical and mental exercise and amusements, as are adapted to secure this effect.

In this last particular, the variety of means brought to bear in interesting and improving the sound faculties, or those capable of being exercised with advantage to the unsound, does the superiority of modern treatment mainly consist.

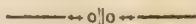
In carrying out these views in hospital practice, in such a manner as to secure the best curative results, the exercise of discriminating and well disciplined faculties on the part of the physician are required, aided by well adapted architectural arrangements for classification and other purposes ; together with the liberal expenditure of money, in supplying facilities for engaging the attention of each and all the perceptive, for occupying, interesting and improving the intellectual faculties, and for encouraging, tranquilizing, cheering, and changing the perverted, social, moral and religious sentiments, and the animal propensities.

Such is a very brief and general outline of the relations between phrenology and insanity.

As before mentioned, a volume would be required to describe, in detail, its highly interesting and theoretical and important practical relations to the prevention, diagnosis, prognosis and treatment of this disease.

In conclusion, I may be permitted to state, that phrenology, by supplying a correct basis for a system of

mental philosophy, has already achieved important results in jurisprudence and insanity; and still farther, to express the hope and belief, that it is yet destined to accomplish the intellectual, social, political, moral and religious renovation of the race of man.



ARTICLE III.

On the importance of establishing separate Institutions for the different sexes of the Insane: by G. H. WHITE, M. D., of the Private Institution for Insane Females, Hudson, N. Y.

[*Read before the Association of Superintendents of American Institutions for the Insane, May 24th, 1849.*]

To accommodate the insane we want and need more Asylums in every state in the Union.

But comparatively few can now enjoy the benefits of the institutions already established. The means and charity of our people are abundant for the ultimate provision of Asylums for all. The returns from every part of the country show how inadequate are the institutions already established to meet the wants of the insane population.

As yet arrangements have only been made in this country for both sexes in the same institution. The question now arises whether the present plan cannot be improved by establishing *separate asylums for males and females*? The insane are well managed in our institutions as they are already organized, and many objections may be advanced against any change in the original plan, I am well aware, with some plausibility.

But it appears to me that the spirit of the age requires a deviation from the course commonly pursued. If a school is established, the separation of the sexes is car-

ried out, even into the common school system. The insane require very much the same care and watchfulness that is necessary for children.

From an article published in the *Journal of Insanity* July, 1848, it appears that "the number of institutions for the insane in the United States was above 30—that they then accommodated 4,711 patients—that most of them were full, and that it was evident that double the number were necessary to accommodate even one half of the insane of the country. That there were probably at that time 18,000 insane persons in the United States. In 1841, it was calculated that 5,719 persons became insane annually in the United States. I believe that it is allowed that the proportion of the insane to the population in this country is as 1 to 800.

In 1845 there were reported in this State 2,142 lunatics, about 1,200 unprovided for, except in poor-houses, jails, or private dwellings. Although since then the State Asylum has been enlarged, I will venture the assertion that unprovided cases have multiplied in an equal proportion, and that, at least, the same number will be found in the same deplorable situation at this time.

Dr. EARLE, in his Essay, published in 1841, says :—"Judging of the proportionate number of the sexes insane in the United States, from those confined in the several Hospitals, we must conclude that there are more men than women." He makes the number of men to women as 5 to 3; but from a glance at the statistics of the different institutions at this time, the reverse appears to be true, or, at least, they are more equally divided.

Leaving out the smaller institutions, we find reported, in this State, in the three largest Asylums, at the end of the last year, 1050 patients—488 males and 563 females.

It appears by the annual report of the New York State Lunatic Asylum, there were in the Asylum Nov. 30th, 1848, 241 men, and 254 women.

At Bloomingdale the report does not specify the number of males and females, at the end of the year, Dec. 31st, 1848, but the whole number was 119—allow about one half or 60 males and 59 females, to be the proportion. There were remaining on Blackwell's Island Jan. 1st, 1849, 187 males and 250 females. And here we do not hesitate to express an opinion that the Asylum on Blackwell's Island will never be what it should be until separate establishments for the sexes are built. The Asylum for men should have a large farm connected with it, which will add to the comfort and restoration of the patients, furnish valuable supplies for its inmates, and by proper management lessen the expenses of the establishment.

In the three principal Asylums in Massachusetts, at Somerville, Worcester, and South Boston, there were at the end of the year 379 males and 379 females.

From the report of the Worcester Asylum, it appears that the institution has been full to overflowing during the past year, and the Commonwealth already demand more ample accommodations, as the great majority of the insane in that State are not in this nor any other proper institutions. Convenient and well ordered accommodations, are yet needed and would be occupied immediately by proper subjects. I see that it has been already recommended by Dr. Chandler if a new Hospital is to be erected to separate the sexes and establish an institution for males in some other part of the State and leave the one at Worcester to be filled up with female patients exclusively.

Connecticut had 59 males and 63 females in the Retreat at Hartford. Vermont had 158 males and 154 females in Brattleborough. Maine, New Hampshire, and Rhode Island have their Hospitals for the insane well filled.

All the New England States are here, as you perceive, well represented, and yet probably not one quarter of the insane provided for.

At Columbus Ohio, Dr. Ayl informs me that they reject enough to fill another large Asylum.

In the report of the Pennsylvania Hospital for the insane we find the present capacity of the institution is for 200 patients, 110 men and 90 women; during a considerable part of the year, the number of females has been greater than that of men. The crowded state of the female wards it seems demands corresponding additions to the south wing.

Instead of enlarging the present complete establishment, which in the opinion of many is as large as any physician ought to superintend; what a splendid opportunity for recommending a distinct building and a separation of the sexes.

Incipient steps have already been taken to establish Asylums in three other, and probably in the course of a few years one will be found in every State.

Dr. Kirkbride says: "Much as has been done to ameliorate the condition of the insane within the last twenty years, there can scarcely be a greater error than to suppose that no farther advance is necessary."

I regard the establishment of *separate Asylums for males and females*, as the next great step that is indicated in this important progress. And I believe that experienced men who have had charge of the insane will agree that this would be the better policy where means would allow.

If complete and sufficient institutions were provided for such of those afflicted classes, it would be "an invaluable boon to the insane females of our country, while every person having a mother, wife, daughter, or sister, must rejoice" at the accomplishment of such a desideratum.

As one of the results our establishments then would not only compare favorably with the foreign, but excel in those domestic arrangements and conditions which can only be obtained by this important change.

An institution for one sex would possess not only all the advantages that the present method suggests, but we feel justified in saying that it has many advantages over it. The establishment might be made up of separate or disconnected structures and sufficiently numerous for the classification of the patients according to the various kinds and period of their malady, and separated sufficiently to prevent annoyance.

An Asylum for females would not require as great an expenditure for land. A few acres shaded with trees, suitably improved, ornamented with shades and flowers will furnish pleasant out-door employment to the patients and add to the means for promoting their recovery.

Occupations and amusements might also be extensively introduced.

In view of the above facts, we would therefore respectfully suggest to those delegated with authority, that instead of enlarging the present institutions already erected, the propriety of establishing separate Asylums for either males or females in the State, city or town, where none now exist, and would recommend their erection with particular reference to the above suggestions.

ARTICLE IV.

Statistics of Insanity.

BY THE EDITOR.

Statistical science is comparatively of modern date. The term itself was unknown until about the middle of the last century when a Professor in the University of Gottingen, first used it in describing the physical and moral and political condition of states. It is now generally used to designate a collection of facts respecting the state of society, the condition of the people in a nation or country, their health, longevity, domestic economy, arts, property and political strength, the state of the country, &c.

It has of late, attracted much attention, and now ranks among the most interesting and useful studies, though it has been cultivated much more assiduously and profitably in some countries than in others. In Germany the most so, which now possesses in her statistical works, an embodiment of the most valuable information respecting itself and other states. In England it is at present receiving much attention. Many individuals of great learning are devoting themselves to its improvement and perfection, and several statistical societies have been established. That of London, organized, we believe, in 1834, has already published eleven volumes of its Journal, which abound with most useful and interesting statistical information on a great variety of subjects. It is also doing much towards making known the true nature and objects of statistical inquiries and the correct method of pursuing them. The latter is much needed, as owing to incorrect data, defective registration, gross carelessness and other causes, many of the tabular statements and statistical details that have been published are erroneous. But that heretofore mistakes have oc-

curred, and consequently erroneous conclusions sometimes drawn, is no reason why we should altogether relinquish the study, for in this as in other objects of human investigation, with perseverance and care, we may reasonably indulge the hope of improvement.

As respects the application of this science to the study and elucidation of insanity, which is more particularly the object of this article, it is supposed peculiar obstacles have to be encountered, and by some these have been deemed so insurmountable that they seem disposed to advise the total abandonment of the numerical method in the study of insanity.

Most persons, who have attended to the study of mental diseases, and especially those who have had the charge of institutions for the insane have perceived these difficulties, and many in the published reports of the institutions under their care, have so stated and cautioned their readers upon the subject, and given such explanations of the tabular statements, as to prevent their being misled. Thus as respects the causes of insanity, those who have published their opinions in a tabular form on this difficult subject, have usually been careful to state, that they gave not the certain or absolute cause, but merely the supposed or alledged cause.

Explanations of a like character, when the reader would be in danger of being misled by numerical statements have often been given, so that we cannot believe that any harm whatever has resulted even from the occasionally defective tabular statements that have been published in reports upon insanity. On the contrary we cannot doubt in the least, that great, very great good has resulted from the publications of the statistics of institutions for the insane, and we have no hesitation in expressing our firm conviction that but for the statistical facts thus made known to the public, several of the best establishments for the insane in this country would not

now be in existence. The great curability of this disease when properly treated in its early stage, a fact, of which the public became fully convinced, from the tabular statements published in the annual reports of institutions established for the insane, led to the erection of others. This great truth, or argument, in favor of such institutions, has ever been the principal one relied upon by individuals and committees, whenever they wished to influence Legislators or other bodies of men to aid in providing new establishments ; and we believe, in no way could this great fact have been brought convincingly before them but by the statistics of institutions already in operation. Admitting then, their partial imperfection, yet we must also admit they have accomplished much good.

But though many have seen the difficulty of giving, in a tabular form, certain facts relating to the insane entirely free from error, yet so far as we are informed, but few have thought of abandoning all attempts to impart information in this way. On the contrary, of late years increased efforts have very generally been made by those who have the care of institutions for the insane, to embody in a statistical form, numerous observations relating to those they have in charge. This is most particularly true in Germany, France and England ; countries to which with good reason we are accustomed to look for proper examples in the investigation of truth and science. So essential is the embodiment in a tabular form of observations relating to the insane deemed in England, that by the late "Act of Parliament, for the Provision and Regulation of Lunatic Asylums," it is made an offence punishable by fine of the officers of an institution for the insane, for not keeping a register of the following particulars relating to the admission, treatment, discharge and death of patients. They are also required to transmit the same to the Commissioners of Luna-

ey. 1. Time of admission. 2. Name. 3. Sex. 4. Married or single. 5. Occupation. 6. Place of residence. 7. By whom sent. 8. Date of medical certificate. 9. By whom signed. 10. Form of mental disorder. 11. Supposed cause of insanity. 12. Bodily condition and name of disease if any. 13. Epileptic or idiotic. 14. Duration of present attack. 15. Number of previous attacks. 16. Age on first attack. 17. Names of patients under restraint and what kind. 18. Names of patients under medical treatment. 19. Date of discharge. 20. How discharged ; Recovered ; Relieved ; not improved ; Died. 21. Assigned cause of death. 22. Age at death. This act requiring the officers of institutions for the insane thus to Register their observations is a recent one, and was drawn up by men of ability and experience, after mature deliberation, with a full knowledge of all the objections to statistics, and with an entire survey of the whole subject of insanity and of the various methods of studying it.

Again, at the Annual Meeting of the Association of Medical Officers of Hospitals for the Insane, held at Lancaster, England, in June 1842, a form of Register was agreed to, that, in *addition* to the particulars required by the act just mentioned, proposes that a record be made of the following particulars. 1. Degree of education of each patient. 2. Of what profession of religion. 3. Habits of life. 4. Temperament. 5. Original disposition and intellect. 6. Particular propensities and hallucinations. 7. Changes in the form of disorder before discharge. 8. Cause of death as ascertained by post-mortem examination. Thus it will be seen that we have the very highest testimony in favor of this method of studying insanity, and embodying particular observations relating to the insane, for the benefit of the public.

Still error should not be persevered in, even if supported by the most illustrious names. We therefore propose

to examine a little farther, some of the objections that have been urged to the statistics of insanity; and see if there is any good reason for the abandonment of this method of studying the subject.

[The press being in the house, the printing of this article was commenced before the writer had completed it, and his illness is the cause of its appearing in an unfinished state.]

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ARTICLE V.

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Discussion of Mental Diseases.

ROYAL MED. AND CHIR. SOCIETY.

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The author commenced his paper by observing, that having had two communications already published in the 26th and 28th volumes of the Society's *Transactions*, on the Statistics and Pathology of Mental Diseases, he presented the present as a further exposition of the subjects then discussed. He then stated, in illustration of the comparative frequency of madness in the two sexes, that out of 1798 lunatics admitted into Bethlem hospital, during six years, ending the 31st of December last, 1094 were females and only 704 male patients. He next alluded to the causes apparently producing insanity, which he divided into moral and physical, besides hereditary tendency to mental disease. Of the male lunatics, nearly one half, or 346, became mad from moral causes; whilst the proportion of females was not

quite so considerable, being 489 of the entire number. By physical causes, less than one fourth of the male lunatics, or 156, became insane ; whereas, amongst the female patients, the proportion was rather larger, being 282. Hence, speaking generally, moral causes produced half the total cases ; but physical causes only one-fourth. The principal moral influence which occasioned insanity, amongst males, was reverse of fortune, whereby 86 examples are recorded. Next, anxiety, which furnished 69 instances ; then religion, giving 45 cases ; lastly, love, which caused the loss of reason in 18 men. Amongst female lunatics, anxiety was the most frequent moral cause, producing 79 instances out of the 489 patients classed under the above category ; whilst 69 cases arose from religion ; 62 from the loss of relatives ; and 57 from the more powerful influence of Cupid's tender passion upon the susceptible feelings of woman. Fright caused insanity in 60 cases ; reverse of fortune in 49 ; whereas, amongst men, as already stated, the same cause produced nearly treble that amount, speaking comparatively. In regard to physical causes, of the 156 male lunatics so affected, 80 originated from intemperance ; and of the 282 female lunatics, similarly classified, 117 arose from puerperal disease. Other physical causes were subsequently mentioned by the author, before passing to the examination of hereditary tendency to mental complaints. Of 704 male lunatics previously enumerated, 219, or 31.10 per cent., had hereditary tendency to mania ; but of the 1094 female insane patients, the proportion was larger—namely, 390, or 37.47 per cent. The author, amongst other remarks respecting the influence of hereditary tendency in producing mental disease, said, such an important fact, wherever it exists, should be always well considered by parties forming matrimonial engagements, especially when both families are unfortunately so tainted. Ho

next adverted to the age at which insanity is most likely to supervene. In males, he stated the most susceptible time of life was from 30 to 40; but in females it was earlier, being from 20 to 30. The author subsequently noticed the two sections of psychological physicians now dividing the profession—namely, the “vitalists” and the “anatomists,” of which latter body he is himself a disciple, since he considers their doctrine the most rational, and in a greater degree consistent with the present advanced state of pathological knowledge respecting mental diseases. The author afterwards gave a synopsis of sixty-seven dissections made at the Bethlem hospital, of which the following is a summary of the diseased appearances observed in the brain and membranes. In 53 cases, effusion of water had taken place in the ventricles; in 53 cases, also, there was infiltration of the pia mater; in 38, turgidity of the cerebral bloodvessels; in 30, the arachnoid membrane was thickened and opaque; in 26, the colour of the brain was altered from its natural tint; in 15, there was an effusion of blood within the skull, besides other alterations of structure as mentioned by the author. The organs of the chest were likewise more or less diseased in as many as 62 of the patients; whilst in 30, morbid changes were likewise noticed in the abdominal viscera; so much so, indeed, was this the case, that the immediate cause of death, in a number of the insane patients referred to in the present communication, was apparently disease in these parts; but more especially affections of the organs of respiration. Dr. Webster then alluded to the long period during which some of the lunatics had laboured under mental aberration, particularly females, one female lunatic having constantly resided in the incurable ward at Bethlem Hospital for upwards of half a century, or actually fifty-four years; thereby showing, that the loss of reason is sometimes not incompatible with longevity. After

again referring to the deductions contained in his previous papers communicated to the Society, the author concluded by remarking, that the facts and statements now brought forward fully confirmed his former observations, and he hoped they might prove useful to students of mental psychology.

Mr. SOLLY, whilst he complimented Dr. Webster on the value of his paper, could not help regretting that no account had been given of the appearance of the cortical substance of the brain—that portion of the cerebral mass which was essentially connected with the intellectual manifestations. He thought we were in error in our dissections of the brain, to view the organ as one whole; but that we should, as we did with the contents of the chest or abdomen, examine and describe each individual organ and part. Dr. Bright had referred to the colour of the cortical substance of the brain in some dissections of insane patients; and he (Mr. Solly) in examinations at Hanwell and elsewhere, had, as a general rule, found this portion of the brain higher coloured when excitement preceded death, but pale if the insanity had been of long continuance, and without excitement. He (Mr. Solly) had called this portion of the brain the “hemispherical ganglia” for want of a better term, and regarded its appearance after death as most essential to be mentioned in cases of insanity. One interesting fact was mentioned in the paper, and that was the frequency with which the pia mater and the arachnoid were found injected; these only acted in insanity, of course, by influencing the brain in their immediate neighbourhood. He therefore assumed that the brain so situated was affected, as this condition of the membranes was not sufficient to produce the insanity.

Dr. A. J. SUTHERLAND was sure that the Society must feel much indebted to Dr. Webster for bringing under their notice such important information relative to the

causes and the pathology of insanity. He did not know any subject so difficult as that which Dr. Webster had chosen. The causes of insanity were in many cases difficult to be ascertained; the friends themselves were frequently mistaken as to the real cause of the illness; and it was only now and then that we were able to correct the mistakes of the friends, from the symptoms of the case. But again there were these difficulties which beset us when we investigate the causes of the disease; what obtains in hospitals such as Bethlem and St. Luke's, did not always obtain in other places; what prevailed among the patients of one class of society, did not equally prevail among those of another. Thus, the hereditary predisposition to insanity was, as stated in the paper, one-third; as stated by others, one-sixth among the lower classes; whereas it was as much as one-half among the higher. With respect also, to sex, a greater proportion of females in the lower class, and a greater proportion of males in the higher class of society become insane. Therefore we were likely to be misled, if we took any particular class of patients as examples of what prevailed generally; for not only were there differences in proportion, but there were differences in the species of insanity, in different places. Thus, in the agricultural districts of this country, the proportion of the insane to the sane, was as 1 to 800; while in the manufacturing districts it was as 1 to 1200. But not only the occupation, but differences in climate and diet appeared to have an influence in the production of this or that species of nervous disorder. Dementia and imbecility were supposed to be common in marshy countries; hypochondriasis abounded in Iceland; and in the Western Islands of Scotland, the nostalgia of the Swiss, the cretinism of the Vallais, and the pellagra of Lombardy, were also familiar instances. He differed in some respects with Dr. Webster, as to what he has observed relative to the

pathology of insanity, not, he meant, with regard to post-mortem examinations, which formed but a small part of the pathology of any disease, but with regard to pathology in its widest sense, drawn from the symptoms during life, as well as the appearances after death,—drawn from the causes, even from the treatment of the disease. He thought that Dr. Webster had done well in not considering the pathology of insanity apart from its causes; for as there were distinct causes, moral and physical, so there were distinct origins of the disease. The disorder might take its rise primarily from the nervous centres, or the different organs of the body. The liver, the uterus, and the stomach, might affect the brain, and insanity might be the consequence. Insanity, therefore, might be said in one sense to be idiopathic; in another sense, symptomatic; but whether the one or the other, it was the seat of the intellect and the affections which was deranged; and therefore we looked with peculiar interest to the cerebrum, to throw some light upon these difficult investigations. With respect to post-mortem examinations, his experience corresponded with the facts recorded in the paper. He had never found the results of acute inflammation in the brains of lunatics, and what Mr. Solly had stated with regard to the cortical structure was certainly correct—viz., that there is, for the most part a state of hyperæmia in acute cases, a state of atrophy in chronic cases; there was also a disposition to venous congestion in some brains, to active congestion in others; but the effusion into the sub-arachnoid tissue, and into the ventricles spoken of in the paper, and so often found in these cases, was rather the effect than the cause of the disease; in the acute stage it was probably the result of venous congestion, and in the chronic stage it was due to atrophy of the brain, just as the spinal marrow becomes atrophied in tabes dorsalis. But he apprehended there were few who would

think that what we saw after death was all that had occurred during the progress of the disease, and therefore the pathologist would be inclined to apply to the symptoms which he had seen during life, and to the analysis of the different fluids of the body, to help him in his investigations. With respect to the former, the symptoms which the intellectual faculties furnished were those of undue activity on the one hand, and of extreme dulness on the other, while the physical symptoms were generally those of irritation, sometimes of congestion, never of acute inflammation. From the analysis of the blood of insane patients, we knew that there was no excess of fibrin, while from the analysis of the urine we obtained sometimes a plus quantity, sometimes a minus quantity of the phosphates, thus confirming, as far as it went, the evidence which was derived from other sources. With respect to the analysis of nervous matter, L'Heritié had shown that there was a minus quantity of phosphorus in the brains of idiots, and Couerbe asserted that he had found a plus quantity of phosphorus in the brains of maniacs. But not only was it a matter of importance for us to ascertain the quality of the blood, but it was also requisite to estimate the quantity which circulated in the brain. Not only had we examples of insanity from the poison of other diseases from bad blood, but we had examples from local congestion of the brain, and from anæmia. Many patients were admitted into St. Luke's whose disease had originated in low diet and starvation, in whose brains might be supposed to have commenced that process of oxidation which Liebig called "eremacausis." But we should also feel inclined to examine into the condition of that subtle fluid, the nervous force, which ministered to those influences by which the mind manifested its ideas, and which, when disordered, counteracted and obscured its development. These were the heads of some of those subjects which he trusted at

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no distant period might throw light upon the pathology of insanity.

Dr. WEBSTER said, that in reference to Mr. Solly's remarks respecting the morbid changes in the cortical substance not being sufficiently distinguished from the appearances observed in the medullary; this arose from the fact, that only a summary, not the particulars, of the autopsies were detailed to the Society. Had the synopsis been read entirely, the points adverted to by that gentleman would have been explained. All the morbid changes noticed were accurately mentioned, and when it was remembered that most of the dissections had been made by so distinguished an anatomist and physiologist as Mr. Lawrence, this must be a sufficient guarantee of their value and accuracy. Dr. Sutherland had alluded to the influence which climate, geographical position, and the civil condition of individuals exerted in the production of insanity. In many of these remarks he fully concurred, and would even affirm, that the religious, political, and social condition of the inhabitants in particular countries materially affected the results produced by ordinary exciting causes. For instance, insanity is a much more common disease in cold climates than in temperate or warm countries. In Sweden and Norway, a larger portion of the inhabitants become mad than in any part of Europe. The disease is more frequent in North Germany than in the southern part of that empire. Mania prevails more in Belgium than in France, in the northern departments of which latter country it is met with in a higher ratio than amongst the natives of the south. In Spain the disease is less common than in France; whilst in Northern Italy, insanity is reported to be twice as common as in the southern part of the Italian peninsula. Again, on the southern shores of the Mediterranean, the disease is still less frequent—as in Egypt, Syria, &c.; and in Arabia, mania is so rare, that it is

seldom observed ; indeed, a chief physician to the great hospital at Alexandria has stated, that during ten years he had only met with one insane Arab, notwithstanding the number of Arabians in Egypt, and the large population of that city. To show the influence which agitation and great mental excitement produce amongst the inhabitants of a country in reference to the disease under discussion, he (Dr. Webster) might mention that madness was frequent amongst the crusaders, whilst the disastrous effects of this enthusiasm continued long afterwards. During the reformation in Germany, the Low Countries, and in Britain, insanity became common ; likewise during the civil wars of England, and the domination of Puritanism under the Long Parliament and Cromwell. The first revolution in France caused many cases of insanity, and when Napoleon upset dynasties, made kings, queens, and titled personages, almost by wholesale, imaginary sovereigns and princes were numerous in the asylums of France and Germany, of which Pinel gives us examples, and tells us that in the Bicêtre there were, at the same time, three Louis-the-Sixteenth maniacs under treatment. As stated in the paper, the recent revolution in Paris had produced most melancholy results on the minds of many individuals of that formerly gay capital. He (Dr. Webster) could say so from his own personal observation, verified by the experience of physicians attached to lunatic establishments, private as well as public, of that country, where political excitement, clubbism, and the late *bouleversement* of public institutions and private fortunes, have occasioned very lamentable consequences. Dr. Sutherland remarked, although more females became insane in the lower ranks of society than men of the same class, still, amongst the higher grades of people in Great Britain, more men than women were affected with madness. This was certainly true to some extent, especially as

hereditary tendency to mania appears to be more prevalent in the upper than the lower classes, and purity of blood, as it is erroneously called, often influences matrimonial engagements to a greater extent than amongst the commonalty. This was formerly well exemplified amongst the old noblesse of France, the clans of Scotland, and the *sangre azul*, or blue blood of the Spanish *grandesza*, in all of whom mental and physieal qualities were then transmitted to offspring in greater purity, whether for good or evil, than amongst the more mixed blood of common people. Notwithstanding the facts alluded to by Dr. Sutherland, insanity was generally more common in women than men throughout England, as shown by the recent report of the Lunacy Commissioners, and as the patients treated in Bethlem Hospital were not paupers, but often persons of education, such as governesses, clergymen, merchants and many others, of a similar situation in life, but broken down by disease as well as poverty; and as they come from all parts of the country, are not confined to the metropolis, but often the reverse, the results thus met with respecting the two sexes therefore constitute a good criterion, and support the conclusions stated in the present paper. Religious persuasion exerts considerable influence in this malady; at least, it seems to be more common among Protestants than Catholics, and prevails to a greater extent in converts and proselytes, than in persons of confirmed steady faith, whilst it is oftener met with in countries where religious controversies are common than elsewhere. Many other points might also be mentioned, bearing upon the question of insanity; but although interesting, he would not trespass upon the time of the fellows further than to observe, that the chemical investigations alluded to by Dr. Sutherland were most important, and deserved the attention of practitioners: that physician had already done much to elucidate this subject, and he hoped soon to see

more accomplished in the above branch of medical science, as applied to mania. The field was both rich and extensive, and now that the profession generally had begun to study mental diseases, their nature and treatment, in the way they deserved, much benefit would thereby accrue, as well to medical men as, through them, to the community.

Mr. STREETER considered the Society deeply indebted to Dr. Webster for the large amount of information, drawn from the records of Bethlem Hospital, which he had placed before its fellows. No one had taken so much pains as Dr. Webster to make the experience of that institution available to the profession; and his papers certainly afforded valuable materials for the study of insanity. When, however, Dr. Webster called upon medical men to apply themselves to the study of this disease, he begged to inquire where the facilities for following out that study existed? They were certainly not to be found in the general or special hospitals of this metropolis. It might be truly said that means were not afforded to the members of the profession for qualifying themselves for the duties they were called upon to perform in domestic life, and in civil and criminal courts, in the questions that continually arose in reference to insanity. The consequence was, that they were far from being so highly prepared as the bearings of this disease upon many of the most important interests of society rendered desirable. Dr. Webster had certainly omitted much that was required for the complete study of insanity; but when Mr. Solly alluded to his omitting to describe the colour of the hemispherical ganglia, or, more properly speaking, of the cineritious exterior of the cerebral lobes, knowing the belief which Mr. Solly entertained of this part comprising a series of ganglia, each performing separate and independent functions, and not being a single organ, he felt disposed to ask, why, in the

account of his dissections at Hanwell, Mr. Solly had spoken of the cineritious structure generally, and without any attempt to localize its morbid appearances. On several occasions he had seen the morbid appearances of the cineritious structure localized. In puerperal mania of rapid termination, the point of the posterior lobe had acquired a much deeper colour; and in many instances, where the convolutions were carefully unfolded, one after another morbid changes of colour and structure would be detected, that would otherwise escape observation. And here chemical and microscopical observation promised to be useful. It was, however, in that stage of insanity which was most interesting to the family medical attendant that these communications were most defective. He meant, the approach and incipency of insanity—that stage in which the disease was most amenable to medicine—that to which Dr. Winslow had given the term of incubation. He had heard, with pleasure, the distinction pointed out by Dr. Sutherland, of centric and excentric cases—a distinction of great practical value, as he believed the excentric, as in other nervous diseases, were more easy of cure. As an illustration of this, he would mention the rapid removal, in many cases, of the excitement and delusions of delirium tremens by the influence of opium on the stomach and intestines. He might also adduce, as proofs, the cases of curable insanity connected with uterine disease, which Dr. Lever had recently brought before the profession. He himself considered that the foundation of intemperance and insanity, in after life, in females, was often laid by the prevailing opinion, that vaginal and uterine discharges always indicated weakness, and a state of system requiring stimulation and fermented liquors. Great caution was required before removing them by local means. He thought Government must, at no distant period, insure the means and enforce the study of insanity upon the profession

generally, since all were called upon to perform duties connected with it. In conclusion, he alluded to the set which had for some time past been made against doctors, by the higher grades of lawyers, in reference to generally-received opinions upon insanity. He would say, that if it was the province of their profession to hinder crime from escaping punishment, by simulating insanity, it was the high calling of ours to prevent insanity from being visited and treated as crime.

Dr. SIBSON said it was remarkable that in Dr. Webster's paper so few cases of *ramolissement* or of induration had been enumerated. The blood that had been found in some cases, the fluid in others, and in others, again, the thickening of the arachnoid and the pia mater, were the most commonly observed changes which were found in cases of disease in which insanity was not present. He regarded the chemical results as the most definite in this inquiry. But we need not look at the brain only in our investigations into the pathology of insanity. The internal organs required to be examined also. The effects of conformation had their influence in the production of this disease. The condition of the stomach, the uterus, and of the heart, required to be looked to. He considered that at the present moment we were not in a condition to say that we had been able to trace a clear and distinct connexion between the brain and insanity; at all events, all the changes which had been enumerated, might exist in the brains of those in whom insanity had not been present; and when met with in the brains of the insane, he thought they were only the consequences of insanity. Besides the inquiries into the effects of climate, and the other points mentioned by Dr. Sutherland and Dr. Webster, he thought we should extend our observations to the texture of the skin, the hair, &c. Muscular conformation, the size of the lungs, the power of the heart, the condition of the abdominal organs, and

of the digestive apparatus; indeed, the state of every limb and of every fibre in the body constituted an element of inquiry in cases of insanity.

Dr. WEBSTER remarked, as it seemed to be implied from the observations of previous speakers, that he had omitted to notice the symptoms and treatment of mental diseases, he must state, to prevent any misconception of his object in the present communication, that this was done purposely, his remarks being confined to the causes and consequences of the above class of affections. The subject was too extensive to admit of any other proceeding; and in respect of the remarks made by Dr. Sibson as to temperament, physical conformation, colour of the hair, texture of the skin, and so forth, these points had by no means been overlooked by psychologists; on the contrary, great attention had been recently given to similar inquiries, and much valuable information thereon collected. Some physicians have also even shown that the colour of the eyes was important; and M. Foville, recently physician to the asylum at Charenton, but from which he was displaced by the late red republican government, considered the configuration and structure of the external ear as often indicative of insanity. This peculiar appearance of the ear, M. Foville had pointed out to him, (Dr. Webster,) when lately visiting Charenton, and he had since seen the same thing in this country; indeed, it had been noticed by others previously. The observation of Dr. Sibson respecting the importance of studying the connexion of symptoms with the pathological appearances met with after death, could not be over-rated; and although nothing was said in the paper, for the reasons already adduced, there could not be any doubt respecting the advantages of such an inquiry, and he hoped subsequent investigators would supply this deficiency. Reverting again to the causes producing insanity, it might be interesting to state, that

intemperance, owing to the improved habits of the people in this country, did not seem to be so frequent an exciting cause of that malady, as formerly; on the other hand, the now prevalent habit of smoking tobacco had very much taken the place of intoxicating drinks; and in America, where intemperance, chewing opium, and smoking, were enumerated amongst the causes producing mental disease, considerable attention had recently been directed to the subject. In his (Dr. Webster's) opinion, this filthy custom was most injurious, as well to body as mind; and whether intoxication was produced by spirits, opium, or by tobacco, all were abominations, and he believed physicians conversant with mental maladies were every day becoming more and more convinced of the bad effects arising from this narcotic weed; whilst in some asylums its use amongst the lunatics was strictly prohibited. If he (Dr. Webster) did not farther advert to other points connected with the subject under discussion, it was not through want of inclination, but from the desire to confine his remarks to questions mooted in the present communication. However, as the study of insanity was now assuming the place in medical education which its great importance deserved, he had not a doubt but in due time every information would be supplied by the diffusion of sound practical knowledge.

London Lancet, Aug. 1849.

ARTICLE VI.

THE PHILLIPS WILL CASE.IPSWICH, MASS., JULY 15, 1849.

THE amount of property involved in this case was nearly \$1,000,000. The heirs at law who contested the will were Miss Theresa Phillips, sister of deceased, Mrs. Professor Beck, of Cambridge, the mother, Miss Beck, daughter of the above, and Mrs. Salisbury, wife of Edward E. Salisbury, half sister, by the first wife of the father of the deceased. Executors, Charles G. Loring, Charles Amory, Esqrs., and Hon. Josiah Quincy. The will bears date of Oct. 9th, 1847, and was probated in Essex County, Aug. 1848.

The Court was held by Chief Justice Shaw, the case having been postponed from a former term, in consequence of an interest of the presiding Judge, Dewey.

Counsel for Appellants—Wm. H. Gardiner, Esq. Hon. Joel Parker, Sydney Bartlett, Esq.

Counsel for the Appellers—Hon. Rufus Choate, R. B. Curtis, Esq., Otis P. Lord, Esq.

At the opening of the Court, Mr. Bartlett for the appellants, gave notice that in the event of an important deposition from Brattleboro', which was expected, not arriving in the course of the morning, he should move for a continuance of the case.

Jonathan Phillips, Esq. an important witness, being absent on account of illness, on motion of Mr. Bartlett, Hon. Asahel Huntington was appointed to proceed to Nahant in the intermission of the Court, and take his deposition.

B. R. Curtis, Esq. opened the case for the appellees, assigning among other reasons for the appeal—that it was made on the Lord's day, Oct. 10th, 1847; that E. B. Phillips was not of sound mind at the time of making his will; and that he was unduly influenced in the making and signing of said will.

The will was now produced by the Register of Probate, and read by Mr. Curtis. It bequeathed in usual form \$100,000 to Charles Emery and Charles G. Loring, in trust, the interest of the same to be paid in quarterly instalments to Charles Beck and wife, during their lives, and after their decease to Abby S. Beck and Theresa Phillips, his sisters; \$100,000 to Harvard University, as a fund for one or more astronomical observers, or for the purchase of astronomical instruments, as may be thought desirable by the College corporation; \$60,000 to Charles Emery and John H. Gray, or the survivor; the remainder of his property, and all his personal effects to his cousin, Wm. Phillips.

F. O. Prince, Esq. was now sworn, and testified: I saw the will in question, signed; one of the signatures is mine; this was done in the presence of the testator and at his request, and it is my opinion that Mr. Phillips was of sane mind at the time; I made the original draft of the will, and Mr. Phillips called on me for the purpose; when he suggested the purpose of making a will, I told him I thought he ought to do so, having in his possession so large a property. At my request he gave me a memorandum of the will, which did not contain either names or sums of money. The memorandum was given me about a month after the first conversation on the subject; I frequently called upon him at his house in Nahant; the memorandum I have in my possession, but not with me; I put this in my pocket at the time, without looking at it, merely asking him if he wished the will completed immediately; he replied that I might consult my own con-

venience; two or three weeks afterwards, I prepared a draft, guided in the preparation by the memorandum and the conversations I had had with him. This draft I read to him. The paper now shown to me is not the draft made by me, yet it is in my handwriting. My impression is that the original rough draft was destroyed; several alterations were made in the draft at my suggestion; one of these related to the authority to be given to the College, to expend any surplus over the amount necessary for the professorships in the purchase of astronomical books; he seemed a little jealous of giving too much authority to the College, but finally acceded to my suggestion, after I told him that the Observatory might be embarrassed by want of means to enable the observers to work, while the whole of the income might not be needed every year by the curators; he then authorized me to arrange the matter according to my judgment, and desired that any surplus that might remain after the purchase of books and instruments, should be added to the principal fund. Some further conversation was had respecting the propriety of requiring bonds for the trust; this he gave up at my suggestion. I did not know the names of the trustees until after the decease of Mr. Phillips, nor any sum bequeathed, except that to the College. The donation of \$100,000 to Prof. Beck, I accidentally discovered. A donation of \$50,000, he wished to control by a letter to the party to whom the bequest was made. At his request I inserted in the draft, a clause to the effect that they should follow any direction the testator might give by letter.

After my first draft was made and before it was given to Mr. Phillips, I told him that upon looking into similar cases, I found that language like that he proposed to be used, had been held to create a mistrust, and objected to its being put in. To his request for an explanation, I said there was danger the legacy would be held to be void, or the donee in the will would be judged to be the trustee of the heirs at law; that by the statute, a will was required to be attested by three witnesses, and should not be controlled by a mere letter. To a further question of his, about getting over the difficulty, I inquired why he wished to get over the prescribed form. He said he wished his money to go to his friends, and he

might want to change his mind, without changing the will. He had heard of wills being made so, and was desirous, if possible, of adopting that form. I replied he might give the money absolutely to some one named in the will, with directions to follow by letter written at any subsequent time. He said that would do. Inquired if he was aware of the danger of the course, and added, that it would be in the power of each legatee to retain the money if he pleased, and no court could compel him to surrender it. He said that for the purpose he wanted, he could find plenty of trustworthy persons, and wished me to arrange the will in accordance with the design.

In the draft, this \$50,000 donation stands in the place of the 3d provision in the will giving \$60,000 to Charles Emery and John H. Gray in trust. I do not know that I had another interview with him, after this draft, before I made my complete draft. I had one short conversation in relation to the powers and duties of trustees, but not to the trustees named in the will, whom I did not know. In the conversation in reference to the draft, I told him if he would appoint the time, I would meet him at my office, and would have the draft ready and the witnesses present. He did not appoint any particular time. I immediately prepared a copy of the will, thinking he might come at any moment. The will shown to me is the one prepared at that time. Mr. Phillips did call at my office about 6 o'clock in the evening of the 7th October, 1847. I had previously promised to visit him oftener than I had done, and next saw him on Friday evening at Nahant. I went to his cottage as usual, and stayed there that night. On the following morning, immediately after breakfast, he prepared to execute his will. He took out the paper I held in my hand; I asked him if he had filled up all the blanks; he said he had not. He took his pen and filled them up. I had previously written in pencil, some fictitious names, which I now see, for the purpose of showing him how to fill it out. I think he wrote at the secretary. He wrote the names without mentioning them. The other witnesses were then called in and the will was executed. Mr. Belknap was a friend of Mr. Phillips', present like myself. Mr. Johnson was a servant of Mr. Phillips'. I then asked Mr. Phillips, if he was sure all the blanks were filled up, and hastily glancing my eye over

it, detected an interlineation. I told him of this, and said I did not like it. He asked me if it injured the validity of the will ; I told him perhaps not, but that a will of all other instruments, should not present a suspicious appearance. I remember a note was appended that the word "dollars" interlined, was written before the will was executed. This he signed. After this was done, I said I would not have it so. He seemed to think I was over particular, and was inclined to object. I told him if he did not let me have my own way, I would have nothing to do with it, adding this remark—Remember this, Phillips, wherever there is a large property to dispose of, some discontented heir will start up and test its validity. He acquiesced in my desire to make a new copy. I asked him if he had any indenture paper ; he had not, and I proposed to go to Lynn to get some. He asked if letter paper was not as good ; I told him it would do, but that lawyers had a fashion about these things which induced them to wish for that kind of paper. He then sat down to copy the will, declining my offer to do it. I thought I could do it quicker which was the reason of my offer. I suppose he declined because he did not wish me to see the names. In the copy he added these words, "being of full age, and uncertain of the tenure of human life." After the copy was completed he sent for Mr. Johnson. When Mr. J. came into the room Mr. Phillips took his pen to write. I stopped him, and asked for Mr. Belknap, who was in the piazza ; he came in, and I took the paper in my hand, and casting my eye over it, asked Mr Phillips to sign it. After this I asked him if he wished to consider this his last will and testament and desired us to sign it. He assented to it, and wished us to do so. We then signed it in his presence.

After the will was executed, he asked me about the letter of disposition he was disposed to make. At the close of the execution of the first will, it was about seven o'clock in the morning ; the second, about an hour afterwards. At the time the will was executed, I saw a check on a Boston Bank, payable to a boatman, Harvey Johnson, to the amount of \$500. It was lying on the secretary of Mr. Phillips. It immediately occurred to me why so large a sum should be paid to the man, it being more than his wages could be ; I have no doubt it

was at that time. I took it in my hand and casually examined it. A subsequent circumstance brought it to my mind. In a conversation with one Gray, he said that Mr. Phillips being short of money had borrowed it.

No conversation was had between Mr. Phillips and myself about inserting a false date in the instrument. The dates in both draughts were the 9th, Saturday. I have the utmost confidence nothing was said about a date at all. I remember saying a seal was not necessary, although one was put on. I have a recollection of being at Mr. Phillips' on Sunday morning, when he said he was going to church at Lynn. He went on horseback. The Nahant church was closed. Mr. Belknap was present, and we were at breakfast when Mr. Phillips made the remark. He playfully said to Mr. Belknap and myself, while putting on his gloves, that we were lazy fellows. It was a windy day, which I remember from the circumstance of looking at a new yacht belonging to Mr. Gray. The will was not executed on that day; it was not executed on Sunday. I should never have thought of executing a will on Sunday, any more than of doing any other such thing on that day.

On the day the will was executed, I went to Boston by the way of Lynn. Mr. Phillips was in the habit of driving me over to Lynn; sometimes others connected with his establishment, or Mr. Gray, a neighbour, did so. I do not remember particularly who it was that took me over this day. I have not a doubt that the execution of the will was not on Sunday; I never executed a document on Sunday. In this case I felt a peculiar responsibility on account of the largeness of the property, and was unusually particular.

Cross-examined by Mr. Bartlett—I have testified respecting the signing of the will before. I fix the fact of my being at Nahant on Friday, by knowing I was there on Saturday. On Saturday morning I did not take the early train to Boston, although I had intended doing so. Either Mr. Phillips or Mr. Gray drove me over to Lynn. It was my constant custom to go down every Saturday afternoon during the summer. On reading the note already referred to, to Mr. Belknap, I explain that part of it relating to Mr. Gray's yacht, on the supposition that Mr. Phillips did not send his wagon to meet the 2 o'clock

train, because Mr. Gray intended taking us down in his boat, but was prevented by the accident referred to in the note. Upon my examination at the Probate of the will, I stated that it might have been executed on Monday. I have not stated it was done on Sunday, and know it was not. I know this because I recollect being in a great hurry to take the train, and that I could not get any indenture paper on that day. I think it was on the Saturday referred to from being in an unusual hurry. The circumstance of the check was my third reason for fixing the date on Saturday, instead of Sunday. My reason for not executing the will on the Sabbath was, that documents of that kind executed on that day were illegal. I had no personal scruples on the subject. I had examined the subject in relation to the matter and knew of the cases in the books bearing upon it. This I knew and was surprised at the recent discussion to the contrary.

Wm. F. Johnson sworn—The signature on the paper shown me, and purporting to be mine, was written by me. I saw Mr. Phillips sign the paper, and signed it myself at his request. Mr. Prince and Mr. Belknap were present; Mr. Phillips said it was his will. I was in the employ of Mr. Phillips from the middle of August 1846, to December 1846, and from March 1847, to the 21st of June the time of his death. At the time of the execution of the will, I believe Mr Phillips was of a sound mind. The week following the execution of the will, on Tuesday, Mr Phillips left Nabant to go abroad, and I left the next day and met him in New York, and went with him; we sailed from New York on Saturday. I do not know of anything to fix a knowledge of the day of making the will; but recollect the Sabbath of Mr. Phillips' going to Lynn, from its being a windy day. I should think this was the last Sunday or the Sunday previous to Mr. Phillips' going to Europe. I have no knowledge of the execution of this will except from my signature.

Cross-examined—I went to Boston on the Saturday previous to Mr. Phillips' going abroad, in Mr. Gray's yacht. My brother Harvey and a boy went with us; the passage up was very rough; the jib was split, and we were as wet as we could be; we started about 10 o'clock. Mr. Phillips suggested that I should go in Mr. Gray's

boat. I think I mentioned to Mrs. Beck about three weeks after the death of Mr. Phillips, that the will was executed on Sunday. On the day of my going to Boston in the yacht, I came down in the train at night with Mr. Belknap. I do not recollect that Mr. Prince and Mr. Belknap were at the house of Mr. Phillips on the Friday night; they might have been there, and I should not remember it, they were so often there. I have no recollection of the circumstance that led to my telling Mrs. Beck that the will was executed on Sunday; the reason of my saying so was probably from my knowing that Messrs. Prince and Belknap were always there on Sunday. Mrs. Beck mentioned the fact of Mr. Phillips' bringing the dog to Cambridge on Sunday; I think that was on the same day on which he rode to Lynn to church. I have no particular recollection of seeing the gentlemen at Mr. Phillips' two nights in succession, in October; I think Mr. Phillips was not at home on Monday forenoon. Mr. Farr, of Bradford, came to see him on Monday, but did not; I saw them together on Tuesday. In giving my deposition, I might have said that the time of signing the will was nearer 12 o'clock than 10, but do not say so now. My impression that the will was executed on Sunday is not so strong as it was; it is weakened by the supposition that Mr. Phillips went to church on horseback on the Sunday in question. I do not recollect any other circumstance.

Henry Belknap sworn—I recognize my signature in the paper shown to me; I signed it at the request of Mr. Phillips, and was told by him that it was his last will and testament; I have known Mr. Phillips since 1841, and believe him to have been of sound mind at the time; the will was not executed on Sunday, but I cannot tell on what day of the week it was done; I had been in the habit of going to Mr. Phillips' at night and returning to Boston in the morning; during the week the will was made, I think I was not down there as constant as usual; one morning I recollect Mr. Prince was to be detained by Mr. Phillips, on account of some business; this occasioned me to remain also; this was some time during the summer; I remember Mr. Phillips' going to Lynn on the Sabbath; recollect that Mr. Phillips said as he went by me—"D——d lazy fellows you

are." He went out the south-east side of the house ; the will was not executed that morning ; I saw Mr. Phillips on his return from church, when he went to Cambridge in his wagon ; he had his dog with him ; I once came from Newburyport to Nahant in Mr. Gray's boat ; I went in the cars to bring it round ; this was the first occasion of the Cloud's being out, and was on Sunday. I should think this was the Sunday before the last on which Mr. Phillips was at home ; this could not have been the Sunday on which Mr. Phillips rode to church on horseback ; the Sunday on which I was in the yacht I breakfasted at Newburyport, and reached Nahant about 2 o'clock ; I have an impression that I subscribed my name to two papers.

By the Court—Both of these papers were signed in the morning.

Mr. Prince when re-examined testified to the memorandum from which he made the first draft of the will ; he also read from his account book, the charge and receipt of money for making the will, dated Oct. 7th, 1847.

Mr. Belknap re-called—I have received a bond from the heirs-at-law ; it was given to me the day after my return from India ; it was in the possession of my father.

Mr. Curtis informed the Court that the evidence for establishing the will was now closed.

Mr. Bartlett opened his case by referring to the external circumstances under which the will of Mr. Phillips was made, stating its details, the manner in which he obtained much of the property from his grandfather, the late Governor Phillips, and the surprise of his friends at the disposal of it. The whole amount disposed of was from six to seven hundred thousand dollars, most of which went to his cousin, Wm. Phillips, while his sister who had but a small portion from her grandfather, and his mother, who had reason to expect that the money would remain in the family, obtained but comparatively a small portion of it. He said he should show that Mr. Phillips was for some years subject to a course of life of self-indulgence, which rendered him imbecile in mind, gave him a feeling of shyness, which caused him to avoid society, and placed him in a position to be easily operated upon by a master mind. Instead of following the natural tendencies of the affections, he had been

induced to disregard all those feelings, and while he gives but little to his own family there appears to be a tendency to perpetuate the property inherited by him, in the male line, by giving it mostly to his cousin, who is a gentleman of large expectations, independent of any benefit to be derived from this quarter. The two questions of fact which the appellees will bring evidence to show, are, that Mr. Phillips was not of sound mind at the time of making the will, and that he was under unlawful and undue influence. The other questions were much in the nature of questions of law.

Mr. Curtis wished the Court to rule the course to be pursued in the position taken by the appellees, that it was not insanity, which they proposed to plead, but mental imbecility, and in consequence of this weakness some person had exercised undue influence over him.

Judge Shaw said that there were two questions which would arise on the term "unsound in mind;"—the first, whether the person was affected to such a degree as to render him a fit inmate of a Lunatic Asylum, and the other, as to render him incompetent to make a will. He should allow evidence of imbecility to be given subject to exceptions.

The case then proceeded, and Mr. Bartlett prepared to read the deposition of Dr. Wesselhœft, of Brattleboro', as evidence of imbecility of mind.

Mr. Curtis raised some objection to the competency of the testimony as an expert, inasmuch as Dr. Wesselhœft does not give his own opinion upon the soundness of Mr. Phillips' mind, from the practice alleged, but only gives the opinion of others.

The Court allowed the deposition to be read, and objections might be raised from time to time, as the counsel might see fit.

The substance of the deposition was as follows:—I am 53 years old, and have practised medicine for several years in Cambridge, Brattleboro', and other places. I knew Edward B. Phillips; made his acquaintance at the house of Dr. Beck, in 1841; said Phillips placed himself under my medical care in Brattleboro', in July 1845; remained with me a year; subsequently he was with me several times, and from May 1848, to the time of his death. Mr. Phillips was quite unwell in 1843, and

consulted me. He told me his difficulties, and upon my charging him with the practice of self-indulgence he admitted the fact, and said he had been in the indulgence of the habit since his fourteenth year; I found him often with his feet and hands cold and white, and his head affected in a manner which rendered him unfit for study. He said his muscular system was much weakened. He was often so much affected as to be unable to engage in ordinary conversation. I prescribed for him gymnastic exercise and bathing, by which he obtained some relief. When I first saw Mr. Phillips in 1843, his muscles were very feebly developed, he looked pale, and complained of constant pain in the back, side of his head, behind his ear; he was sly and suspicious, and manifested great want of judgment, which I conceived was owing to the practice in which he indulged. I have no doubt his habits affected his mind; he wanted in judgment and wished others to judge for him; was deficient in independence, was jealous and suspicious to a high degree; this I believe to be usual in persons of his bodily health. During the period he was under my care, Mr. Phillips had great confidence in me; discussed his views frankly; he was in the habit of relying on others to do his business; had little notions of business; had a great repugnance to making any mental exertion. Soon after he became of age he spoke of making his will, which he had been advised to do by his guardian; spoke of entailed estates, and the propriety of making them; and keeping his property in the hands of a Phillips. I advised him not to entertain such notions, but in the disposition of his property, to consider the claims of his own family upon it. Soon after this he seemed to manifest more interest in his immediate relatives, and was more disposed to make provision for them. He gave as a reason for not going to Europe with Dr. Beck, after he had paid his passage, the unwillingness of his friends to his going without making his will; he said he believed that will would be the death of him. My impression is he had no confidence at all in himself; he was full of fears lest his acts should be disapproved; he often complained of a pain in his head above his right ear; this incapacitated him from great mental exertion; I consider that such local affections destroy the healthy action of the mind.

I saw the body of said Phillips soon after his death; his death was caused by a pistol shot, the ball entering his head at the exact point where he complained of the pain.

Answers to cross-interrogatories—I was born in Saxony, on the 13th Feb. 1796; have resided in Chemnitz, Maxdeberg, Weder, and other places in Europe, and in Allentown, Pa., where I arrived in 1840; in 1841 I came to Cambridge, where I practised medicine in 1842; practised in Boston in 1844, when I came to Brattleboro'; I have a diploma, granted by an institution in Basle; I have never been connected with an Insane Asylum; I never practised medicine for my support in Germany; on coming to this country, I intended practising on the homœopathic system, and since have practised hydrophathy; I have repeatedly declared that Mr. Phillips was not insane, but was imbecile; cannot say that diminished power of the muscular system is a result of self-indulgence; but have mentioned several other symptoms of this habit. For my authorities I rely on Dr. Schawbein and others, to sustain my position.

The court then adjourned to 2 1-4 o'clock.

At the re-assembling of the court, Mr. Bartlett proceeded to read the remaining answers to the cross-interrogatories.

Just before his death, Mr. Phillips told me that his affections were engaged to a young lady, and that he had written a letter to her, which was not well received, and that was the end of the affair; he afterwards confessed to me that he had been deceived about the young lady's regard for him, by other persons. The symptoms of Mr. Phillips' disease were developed before my eyes, from the year 1843, and had a tendency to injure the brain. I think his habits had an effect upon his body as well as the brain. A person committing suicide would be more likely to attack the part affected than any other place; Mr. Phillips inquired of me whether the portion of the brain affected could not be blown out, indicating his belief in that theory.

In answer to appellants—Mr. Phillips' position in walking was stooping and his gait tottering; he did not usually look one in the face while talking. In relation to the engagement of Mr. Phillips' affections, he told me

after his return from Paris, he had become interested in the affections of a young lady, to whom he had paid some attentions. He had been told she was sick in consequence of his neglect of her, but was unable to marry her. I told him I thought he had been deceived by his friends, and proposed to ascertain the fact. I assured him subsequently that such was the case, and that he was disagreeable to the young lady, rather than otherwise. On the day before his death, he confessed that he had been deceived, and was now satisfied of it.

In the course of the reading of the deposition, several questions and answers were ruled out upon objections raised by the appellees.

Luther Bell, M. D.—I am Superintendent and Physician of the McLean Lunatic Asylum at Somerville; have been there about 12 years. I have heard the deposition of Dr. Wesselhœft. The habit of self-indulgence and its immediate consequences—affects principally the nervous system; in most cases of diseases of this kind under my charge, the body is in as sound a condition as that of any person. The principal effect on the body is coldness in the extremities. There is usually a disposition to incumbency; another symptom is involuntary laughter. The lassitude is more in the nervous than in the muscular system. The mental symptoms exhibit a great difference, from very slight to a frightful degree of dilapidation—the difference depending upon the extent of the habit, but more on the constitution of the individual. In some of the descriptions of Dr. Wesselhœft, I recognized the effects of the lesser developments of the habit mentioned—such as shyness and jealousy. I have never noticed anything in such practices which indicated local affection or pain in the head. In hearing the answer of Dr. Wesselhœft, giving Mr. Phillips' own language of what he had suffered from seminal emissions, I deem it proper to say, that the human system will endure a great deal in that respect, without exhibiting much effect on the mind. I have never known squinting of the eyes as an effect of this habit. It is difficult always to distinguish the cause from the effect in cases of insanity from this cause. The first symptom of insanity arising from it is delusion, which may exist for years, and end in dementia. In the latter stages of the disease, stooping may

be detected. The coldness of the extremities is not present in the earlier stages.

Cross-examination—In many instances of insanity, I do not believe that a disease of the brain is made out. In none of the symptoms mentioned by Dr. Wesselhœfi, do I discover anything which indicates with certainty disease of the brain. My experience does not confirm the idea that an organic affection exists in the brain on account of the practice alluded to. The first indication of injurious effects from this practice is shyness and jealousy, with a disposition to indulge in reveries and day-dreams. Suspicion would be directed usually to some individual, next would follow some impulsive outbreak. In this state the person usually reaches the hospital. During this time, the intellectual faculties are not affected. I have often had anonymous letters from individuals, speaking of the person's having been ruined by the practice, but the letters exhibit a high degree of talent and mental activity. When an individual has sufficient control of himself to break off from the habit, in the course of a year I should consider that the disease had disappeared. I should not give much weight to the supposition that a person in committing suicide, would be likely to shoot himself in the seat of a local disease.

By Mr. Bartlett—In the symptoms mentioned, I cannot doubt the individual had the difficulty supposed.

By Mr. Curtis—I do not see in them any indications of imbecility.

By Mr. Choate—Individuals often pass over from injuries by the practice to morbid feelings induced by the frightful results stated as growing out of it. This morbid condition is not necessarily consequent on the habit.

By Mr. Bartlett—I mean by mental imbecility, a decided prostration or injury to the intellect.

John Henry Gray—I resided at Nahant in 1847; knew Edw. B. Phillips—lived in his neighborhood; there was one cottage intervening. I met him first in Brattleboro' in the spring of 1846; did not see a great deal of him there. My intercourse with Mr. Phillips, subsequently, was not strictly of a business character. I had no reason to think otherwise than that he had habits of self-reliance. When he consulted me, he did not always ask my advice. On my last interview with him at

his house before going to Europe, he asked me what I knew of Wm. Paine's will. I told him I believed Mr. Paine gave the whole of his property to his executors, with letters directing them how to distribute it. He remarked that he proposed making his will before going to Europe. He said, of his own accord, that the women were not sufficiently provided for—could not take care of themselves, while the men could. I left Nahant Saturday, Oct. 9th, in my yacht, *Cloud*, for Boston. I am in the habit of noting events in the blank leaf of the Boston Almanac. I find in the record before me, Saturday, Oct. 9th, "*Cloud*, to Boston, first time—gale of wind." The Almanac says, high water that day 19 min. past 11 o'clock; I think we arrived about 11 o'clock. The strong wind, and splitting the jib, fixes the event in my mind, the wind was so strong, that I once proposed to return; the length of the passage was about three hours. I was in the habit of visiting at the house of Mr. Phillips, but have no recollection of seeing Mr. Prince and Mr. Belknap there on the Friday afternoon preceding this trip to Boston. In going to my boat I should have passed near Mr. Phillips' house; and these gentlemen, in going to his house, would probably have passed mine. I do not recollect seeing either of them there on Saturday morning.

Mr. Farr—I belong to Brattleboro'; knew Edward B. Phillips while there; was familiar with his personal habits; in walking he usually carried his head down, and generally had the appearance of diffidence; Mr. Phillips had not so many associates as most of the patients.

After some conversation between the counsel and court upon the mode of proceeding, Mr. Curtis, for the appellees, opened the case in defence against the charges alleged to prove the invalidity of the will as probated. He then proceeded to give a brief outline of the life of Mr. Phillips, and went over the principal events of it, to which he proposed introducing good evidence to show that he was physically and mentally capable of making a will. The point of lunacy, he believed the Jury would not be called upon to try. Should, however, the question be put to them to settle, it must be required to sustain the charges, not that the young man was simply deficient, but that he was *non compos mentis*, and utterly incapable of making a will.

Hon. Josiah Quincy—Wished to be allowed to state fully the circumstances relating to his connection with Mr. Phillips, that he might throw off the imputations cast upon his character:—Jonathan Phillips, as his executor, being unwilling to accept the trust, and having the authority to appoint a co-trustee, appointed me. I accepted the trust upon the understanding that I was to find the labor, Mr. Phillips to find the judgment. In every instance I consider the success of the trust as being solely attributable to Mr. Phillips. In 1845, Edw. B. Phillips came of age. He appointed Char. B. Loring to examine the accounts of the trusteeship. The sum originally put in our hands was nearly \$1,000,000, in seven or eight trusts. During the 20 years, about \$2,500,000 passed through our hands, and only \$2,888 was lost. When the property was put into the hands of Mr. Loring, I considered myself discharged from my duties. A few days afterwards, Mr. Phillips came to me and requested I would again accept the trust. After some objections, I reluctantly consented, under certain conditions—that all the papers should be placed together as his, and deposited in the Massachusetts Bank; that I should have nothing to do with his personal property; that he should have access to his papers in the Bank; I should only receive and pay money to his credit; and that he should personally examine the papers quarterly. This I did that he might accustom himself to business. The only compensation I received was a sum fixed by Char. G. Loring. In a conversation with him, he proposed to do something for his mother, and asked me what he should give her. I told him I thought it would be well to give her \$3000 a year. He said he would give her \$4000; to which I expressed my approbation. At my suggestion he made the provision of \$3000 for his sister, Anna Beck. The \$1000 to Mrs. Beck, I ever after paid quarterly. He once asked me who would be his heir in case he died without a will. I answered, his mother and sisters. All I ever said to him about making his will, was, that if he thought it his duty to make any different provision in it than the law contemplated, it was proper he should do so. I never exercised the slightest influence over him in the disposition of his property, or even any advice on the point. I told him every year, on finding

his property to accumulate, that he ought to spend all his income—the only caution I gave him was to do it judiciously. I did advise him not to make a loan to Dr. Wesselhøft, for reasons which I then considered, and now consider, good. In September, 1847, he came to me and told me he was going away, and thought of making his will. I said I was glad of it, but that I did not wish to have anything to do with it. I would not take the responsibility, because I knew that the confidence reposed in me by him, would subject me to the charge of improper influence—and further I considered him a man capable of making his own will, and of a sound and disposing mind. I was afraid that he would make me his executor, which I did not wish. I said to him I hoped he would do something for the public, as he had received through the public law, more property than any other young man in this country probably ever inherited, he owed it to the law that he should do something for the community. He said he liked it, and asked what he should do. I told him some means were wanted to pay the salaries of the observers at the observatory, and that it would be doing a great good by providing for that purpose. He said he liked that, and asked what he should give. I told him I should not say a word on that point. Well, said he, will \$100,000 do? I said, ample. He asked me for a draft, which I gave him, and that is all the influence I ever exerted over him on the subject of his will. While Mr. Phillips was in College, he ranked very respectably in attainments; not high. I think he had a part in one of the exhibitions—which was a very gratifying one. He never manifested any fear of me, and never had occasion to. I understood he had entire confidence in me, and I endeavoured to make him rely upon himself. I never discovered in him any appearance of aberration of mind—should as soon have thought that of anybody else as him. In respect to intelligence, he manifested in business affairs a fair share of knowledge, and always understood the condition of his affairs. He lacked in a knowledge of the world, but otherwise had the elements in him of a good business character.

Mr. B. C. Clark—I live at Nahant, but do business in Boston. I have a record in my possession in which I enter current matters. I saw the Cloud arrive at India

wharf, 9th October, 1847, in the morning. I cannot fix the time, but from concurrent circumstances I can state that she must have arrived about half-past 11 o'clock.

Cross-examined—I was a neighbor of Phillips' all the time he was at Nahant, and saw him a good deal when there. My intercourse was principally in brief conversations on land, and at occasional parties at sea. I never invited him to my house; know nothing of his domestic affairs; but in all my connections with him, his conduct was unexceptionable. There was a perfect absence of the freedom and follies of young men of his own age. He had a peculiar disposition of his own; he never led—he always followed. He was an unobtrusive man, and said very little; he was a looker-on. As to his intelligence manifested in conversation, the occasions on which I saw him were no test of it. When he did make a remark it was generally a sound one. The qualities which constitute a man were, in him, a full average. Neither in conversation nor action was he a leading man. He participated in every enjoyment, but with a certain propriety I never saw in any young man; never saw, in the slightest degree, any wandering or aberration of mind in him, or anything like imbecility.

Theophilus Parsons—I knew the late Mr. Phillips, who came to study law at my office in November 1846; and his name remained with me until he went to Europe. I have had considerable experience with young men, particularly when at Taunton; I am now Professor of Law at Cambridge. I think Mr. Phillips had more than an average share of intelligence; morally he was singularly proper; it is uncommon for any student to maintain his character better than he. My recollection of the conversations I had with him is vivid. He came to study law in part to complete his studies, and fit him to conduct his business. This peculiarity in our relationship made me pay him due attention, as I had before to others similarly circumstanced. He did not study in my office strictly. I had three conversations with him, which I recollect to have been on separate subjects. I advised him as to what kind of books he should read. On these books I conversed with him somewhat, but I am unable to say to what extent. I talked with him about his prospects, and familiarly too; he received my observations kindly, and

no one could comprehend them better than he. We talked about amusements and their utility; I advised him to take more pleasure. I talked with him before others of the usefulness of a knowledge of English history, as bearing on that of our own country; and his observations would never have suggested anything like ignorance of it. He related his journeys to the east and west; and his descriptions were clear and interesting, and exhibited him in a very pleasing light. He was very modest; but conducted himself with spirit and nerve; I liked the young man; he interested me very much. I never saw him exert his muscular system; but no one in this room exhibited less evidence of weakness than he. I do not believe there was any habit of shyness about him; I do not doubt one particle as to his capacity. He never manifested suspicion or jealousy to a high, or any degree, that I ever saw. Once I saw him in my room with Mr. Gray; had never seen him before except alone. There were a number there besides, and the conversation was on Hallam's history of England. He took a part in it, and comported himself in a creditable manner; I do not think he exhibited any want of knowledge of common matters; he did not on common matters lack any apprehension. When he went to Europe, he said his want of experience in public life furnished the idea that he could not safely join in continental public life. He seemed to have an independent will of his own; and could exert his will in an independent manner.

President Everett—I had some acquaintance with the late Edward B. Phillips. After coming to Cambridge, I formed his acquaintance at Dr. Beck's house. He has called at my house, but I cannot say I have seen him there more than twice; it was before he went to Europe. He called at my house the very Sunday mentioned in this trial. As far as I could judge he looked to be a young man of average intelligence, who had been well educated. Our conversation was general; but I had formed a favorable view of his intelligence and deportment. I never saw any trace of aberration or imbecility of mind.

Judge Gilchrist, of N. H.—I was acquainted with Mr. Phillips, and had been from the spring of 1847; he was then a patient at Brattleboro'; he came to my house with a relative, and remained for some time, when I had an opportunity of seeing and conversing with him.

He exhibited himself on such occasions, at first with diffidence, but latterly without any unusual embarrassment. I mean to say that he appeared embarrassed through the want of miscellaneous intercourse with the world, rather than from any other cause that I could note. He was a modest man; but when he expressed an opinion it was as weighty and intelligent as that of any other man. I could trace nothing like imbecility about him when talking of matters of common import. My impression was favourable as to his character and moral qualities; and he betrayed no lack of mental ability.

George P. Bond—I reside at Harvard, and am assistant observer there, to my father. I knew, and was intimate with the late Mr. Phillips. I did not consider him of the first class of minds; but his abilities were above an average; his physical abilities, I conceive, were good; his muscular powers, and capability of enduring fatigue, were considerable. He was able to endure a great deal. Having hunted with him, I have an opportunity of knowing. His animal spirits were good; I have had opportunities to see and know the fact often. I never saw any suspicious or jealous traits in his character. I knew him during his youth; he was moderately fond of solitude, and though he never mixed with miscellaneous society, he never refused that of his classmates. I never knew him to exercise any other but an independence of mind. His temper was not facile; but he had, on the contrary, a firmness amounting almost to obduracy. He had no very marked singularity of character. I could not judge of any disinclination to mental exertion that was not very occasional in its character, and that was not influenced by external circumstances—no confirmed sluggishness.—I never saw any imbecile trait of character about Mr. Phillips; I lived in the next house to Dr. Beck's, where he resided. He called on me often to walk, perhaps because I was one of his classmates.

Henry Hubbard, jun.—I first saw Mr. Edw. Phillips at Brattleboro', where we formed an intimacy, and walked and rode every day. Respecting business transactions Mr. Phillips was perfectly competent to manage them. As to his mental ability he was of an average class; he was pretty confident of his own opinions being correct, although he generally investigated their grounds. Never

observed any act or opinion that looked strange; and I think he had sufficient self-reliance to think and act sanely upon his impression.

Mr. Quincy recalled—My nephew spent some \$15,000 per annum. I never made enquiry into his affairs—nor did I make a point to do so. I paid a note granted for some lands purchased in the West. I gave him money to pay a loan of \$2,000. He had always the power to draw money.

John R. Blake—I am an agriculturist; knew Mr. Phillips, and used to see him frequently in the autumn of 1845. Subsequently in the winter I was obliged to adopt the water cure, and attended the establishment at Brattleboro', where I met him, and he came often to my house. [Witness described Mr. Phillips' manner and capability, the former as very amiable, and the latter above mediocrity. He thought him to have a good deal of determination of character—certainly no aberration or imbecility of mind.] I was one of the jury at the inquest held on Mr. Phillips' body. Dr Wesselhœft gave not the slightest intimation then of any insanity or imbecility—the only thing he mentioned was a severe headache. The inquest were particular to enquire into the causes of his death, and not a word was said of masturbation.

Dr. E. A. Kittredge, of Boston—I was acquainted with Mr. Phillips, who came to my house at Lynn about the middle of August, 1846, and remained a few weeks. He came to me that he might go out in good condition to Europe. He had just come from Brattleboro'. I was not on the look out for imbecility in him. I thought he was safe enough, and as sound in business matters as any one could be. I saw no insanity about him, but I thought the man that left him so much money was insane. He said one thing, that although a man had plenty of money he had no right to throw it away on every beggar. He came to me; and I did the best I could to put him through. He paid all; and I did not think him imbecile at all.

Dr. Ray—I have charge of the Hospital for the Insane at Providence. R. I. I have heard the evidence of the parties in behalf of the executors in this case; and also the essay and letters read from Mr. Phillips, as also his autobiography—assuming that neither of

the gentlemen on the stand who have been examined by the appellees had seen any reason for their opinion of aberration of mind. I would not have thought Mr. Phillips insane. I heard Mr. Hubbard's evidence; and am satisfied that had imbecility existed, being produced by the cause specified—it would have showed itself. Insanity is not to be inferred from involuntary emissions—they might have existed many years without producing insanity. If these grew less frequent in July, 1846—occurring only once a fortnight—I would not infer bad consequences; I should not consider any one liable to become insane under these circumstances, after this improvement. [That part of Dr. Wesselhoef's deposition was read which referred to Phillips' physical debility, and the irritable consequences of self-abuse.] Taking these symptoms all together, I would say, on the assumption of their being true, and considering his mental construction as exhibited in his writings, which have been read to the Court and Jury—I say taking all these together, I should not consider there was any insanity in the patient—as demonstrated by his physical condition, or the state of his mind.

Cross-examined—If Mr. Phillips had spoken of his taking two years to get well, it was not a proof of his liability to become insane, but that his disease had returned; and the period of cure stated, was only his opinion. I have said that in all the facts of the history of his life, his writings and travels, had there been insanity it would have showed itself. I do not infer insanity from the causes and symptoms involved in Dr. Wesselhoef's evidence. These things might exist for a long time without producing insanity or imbecility; but their existence might impair the faculties for enjoyment.

Dr. Rockwell—I am connected with the Asylum for the Insane at Brattleboro', and knew the late Mr. Phillips. I never saw any indications of insanity in his conversation and demeanor, or signs of the practice which has been imputed to him. He seemed much alarmed because of his condition, which is the case with persons whose minds are not affected at all. Taking the whole of the symptoms mentioned in Dr. Wesselhoef's statement, I do not infer insanity or imbecility, considering the details of scholarship, and of his journeyings, I take the

same view as last witness. A person in an imbecile condition would find more reason to be suspicious of his agent than any one else. I have been professionally engaged in the treatment of the insane for 19 years.

Cross-examined—Mr. Phillips came to my place, at a billiard room, often, from November to July, 1846; but I had many other opportunities to see him. He neither drooped his head or stooped; and his shyness forsook him on a very brief acquaintance. Stooping may be a consequence of self-abuse; but it may arise from another source. An appearance of "brown study," as it is called—abstraction of mind, or depression of spirit—a listlessness and languor, are symptomatic of deplorable abuse. If any imbecility or insanity had existed, I think I should have noticed it during our intercourse. Very frequent emissions—say twice a day—on some constitutions, might produce insanity in from 3 to 10 years. Had any proneness to insanity existed, it would have showed itself during Mr. Phillips' travels. Insane prejudices mostly fix themselves on parties whom the patients have had most to do with. Where insanity is produced from this cause to the production of jealousies, there is a fickleness of mind—a disqualification to make anything like a steady calculation.

Dr. Brigham—Am a medical practitioner; reside in Utica, N. Y., connected with the Lunatic Asylum at that place; from the testimony of Dr. Wesselhœft, I think the symptoms manifested by the deceased were the result of his alarm about his case; many persons in similar circumstances have been frightened by reading books on the subject of masturbation, and have thought that they were about to become insane; after a prolonged practice of this vice, there is an unnatural pallor in the countenance, a softness of the skin, and excessive moisture of the cuticle of the hand; think that consumption more often results from the practice of this vice than insanity; the books on this subject misrepresent the gravity of the effects of this vice; have had 3000 patients afflicted with insanity, and think that masturbation is more often the consequence than the cause of insanity.

Cross-examined—From the statement of Dr. Wesselhœft, I do not think that the deceased was insane; insanity, when produced by the vice of masturbation, gener-

rally commences in some physical debility, followed by morbid delusion; in my opinion, the books on the subject of insanity as resulting from this practice, over-rate its importance.

Dr. Bell recalled—On being asked to add to the testimony on which he had previously given his opinion, the facts of Phillips' ability at college, his writings, and his physical condition, as sworn to by the witnesses to-day, and give his opinion, said he could not entertain the opinion, under these facts, that Phillips was a person suffering from insanity or mental imbecility.—I would not deem suicide always preceded by insanity; have known it to be preceded by sound mental ability. Recurring to the statement of this young man's ability at college, and bringing the mind up to the moment of his commission of suicide, I do not think he could be considered insane in any form.

Wm. F. Johnson recalled—I travelled with Mr. Phillips in Europe; he was almost constantly reading while travelling. Always considered him an active man; never thought of his being listless. I considered him a man in good spirits; his temper and deportment were always uniform towards me—very kind; he never exhibited the least jealousy or suspicion; appearances indicated him to be a man of muscular energy; he had not a tottering gait; usually walked quick. He never exhibited the least wandering or confusion of mind, while abroad or at home. In giving directions he was perfectly clear; I never was at a loss to understand him; he never required an improper action of me.

Cross-examined—Mr. Phillips was ill a few days while at Paris; he was under hydropathic treatment. He had pains in his head, accompanied with bleeding at the nose. He never disclosed to me the nature of his illness.

As rebutting testimony, Mr. Bartlett proposed to put in a letter from Mr. Phillips relating to the loan to Dr. Wesselhoëft, dated Oct. 29th, 1847, four days after his previous letter on the same subject.

Two other letters, one to his sister while in Europe, dated April 15th, 1848, and the other at an earlier date, from Brattleboro', were put in to show that he had not recovered from the effects of the disease to which he had been subject.

The examination of witnesses here closed, and Mr. Gardner for the appellants commenced his closing argument to the Jury; followed by Mr. Choate for the appellees. It is not necessary to add that the case was ably conducted on both sides.

Judge Shaw charged the Jury with his usual ability, and at great length. The following are some of the particulars of the charge:—

The commission of suicide by the testator is a sound basis for a suspicion of his sanity, but from the nature of the testimony, allowing it full weight, there can be only a suspicion.—The great question in this cause, is whether or not the testator was of a sound and disposing mind at the time of making the will? The law allows any person arrived at the age of twenty-one years, and of a sound mind, to dispose of his property by will in such manner as best pleases him; and the mere unreasonableness of the disposition which he may make, does not invalidate the instrument. It may be that a testator may have associated with profligate and abandoned persons of either sex, and may have been influenced by them in framing his will; but if it is shown that he was of sound mind at the time the will was framed, the fact that he was influenced by his associates, cannot in law invalidate it.

The question is, whether the deceased was of a sound mind on the 9th and 10th of October, 1847. The fact that he committed suicide in 1848, though it might indicate insanity at that time, yet it does not in any manner prove that the deceased was insane in Oct. 1847, and the suicide is not therefore to be considered in making up a verdict in the case. If it were proved that at the time of, or before making the will, the testator was subject to lunacy or hallucination of mind on any matter or person connected with the will, such proof would be sufficient to invalidate it, but no such allegation is made, and in this view of the case its probability should not influence the minds of the jury.

The Jury returned a verdict sustaining the Will.

[For the foregoing report we are mostly indebted to the Boston Mail. Our acknowledgments are also due the Boston Times and Chronotype. Much testimony has been omitted, but the report is as full as our space would permit, and we believe is in the main correct.—ED. JOURNAL INSANITY.]

ARTICLE VII.

Amariah Brigham, M. D.

DR. AMARIAH BRIGHAM was born in the town of New Marlborough, Berkshire county, Massachusetts, on the 26th day of December, 1798, where his father John Brigham was also born. His grandfather Francis Brigham, one of the first settlers of the place, was from Marlborough in Worcester county, a descendant of Thomas Brigham, who came over from England, and settled in Cambridge in 1640. In 1805, the father of Amariah moved to Chatham, Columbia county, N. Y., where he had purchased a farm, and died there in 1809. On the death of his father, the subject of this memoir, who was now eleven years of age, went to reside with an uncle, Dr. Origin Brigham, a highly respected physician in Schoharie, N. Y. Here he hoped long to reside, and to follow the profession of his uncle, for which he had already imbibed a fondness. But it was so ordered in Providence, that in the course of a few years, this beloved relative was removed by death, and the nephew left with limited resources, to seek some new home and employment.

After remaining a short period with his mother in Chatham, having little taste for the farm, and an ardent desire for books and knowledge, he started off alone at the age of fourteen, for Albany, in pursuit of a livelihood. He soon found a place there, in a book and stationery establishment, where he resided in the family of the proprietor, and found himself happy. He had here abundant access to books, was in the neighbourhood of the courts, the Legislature, and public men, and embraced with eagerness every possible means of acquiring knowledge. One who furnishes the material for this part of the memoir, well remembers the enthusiasm with which he would describe men and scenes of the Capital, on his occasional visits to his mother at Chatham. Though but fifteen years of age, he could describe the person and qualities of almost every man of note who came to Albany, had his own opinion formed on nearly all matters of public interest, and could cite book and chapter for the ground of his opinion.

He often mentioned one little occurrence in connexion with the late Daniel D. Tompkins, who was then governor of the state. He was directed soon after entering on

his new employment, to carry some article of stationery to the Chief Magistrate, who resided in a mansion with spacious grounds in front, near the Capitol. After delivering his parcel, and coming down one of the winding paths to the gate, he picked up a new silk handkerchief which had been accidentally dropped. Presuming it to belong to some of the governor's family, he went back and inquired for an owner. The governor soon appeared in person, gave him many thanks for the return of the article, inquired of him his history, and then dismissed him with a cordial shake of the hand and a generous piece of money. That occurrence he has often mentioned in later years, impressed deeply on his mind two things; the value of strict integrity in boys, and of kind attention towards them by men of prominence. He said he could not be bribed after that to do a dishonest act for all the wealth of the Capitol.

During a three years' residence at Albany, while he had given perfect satisfaction to his employer, he had retained his desire for professional life, and had devoted all his leisure time to reading and inquiry relating to the same. His mother now moving back to his native place in Berkshire, Massachusetts, he soon got released from his engagements and resided with her, and entered on the study of medicine with Dr. Edmund C. Peet, a distinguished physician, brother of H. P. Peet, Esq., President of the New York Deaf and Dumb Asylum.

Here he resided and studied more than four years, subtracting his winter term, when he taught school; and one year spent in New York, attending lectures. His study too, was close and thorough, often amounting to twelve hours a day, besides miscellaneous reading.

While he had at this time, when his professional studies commenced, acquired an extensive acquaintance with books, had practised much in composition, and wrote well, he had never in form studied English grammar. One who was the teacher of a select school in the place, informs us that he was waited on by the young medical student, with a proposition to be taught the grammar, and wished to have it all done in a single day. A day was given him, and a hard day's work it was, for hundreds of questions had to be thoroughly answered, and different parts of the text book explained. In the evening several young persons who had spent months in the same study, undertook to examine the pupil of a day, and found to their surprise, that he had not only reached their position

in the study, but had gone beyond them, and could propose and solve difficulties in the language quite too hard for them. Within a few weeks he commenced the teaching of a school for the winter, in which he had a large class in grammar, and which was so taught, that at the closing examination, both teacher and pupils received high commendation.

In prosecuting his medical studies, he found that many things which he wanted were locked up in the French language. With the same resolution which had led him to master the English grammar, he procured dictionaries and other helps, and without any teacher mastered the French. Nearly one third of his large library left, is in this tongue, and was read, in later years particularly, with as much facility as his own vernacular.

The year 1820, when his professional studies closed, he spent with Dr. Plumb of Canaan, Conn., engaged, most of the time, in practice with him. In 1821, he commenced practice by himself in the town of Enfield, Mass. Here he remained for two years with fair prospects, but finding a more inviting field before him in Greenfield, the shire town of Franklin county; he removed thither, and practised for two years, when he went to Europe. After a year's residence in France, Italy, England, and Scotland, he returned to Greenfield, but moved in April 1831, to Hartford, Connecticut. Here he had a large and successful practice, much of it in the line of surgery, until 1837, when he moved to New York and lectured one winter in the Crosby street Medical College. But his health here not being good, and not liking the confinement, to which he was so unused, he returned in October 1838, to Hartford, a place which was always dear to him, and where he had hoped, even the last year, to spend the evening of his days. Dr. Brigham was married Jan. 23, 1833, to Susan C. Root, daughter of Spencer Root, Esq. of Greenfield, Massachusetts, by whom he had four children, of whom three, with their mother, survive to mourn his death. In Jan. 1840, he was appointed in connection with Dr. Sumner, to take charge of the Retreat for the Insane at Hartford, and in July 1840, was appointed Superintendent of the same.*

In the summer of 1842, Dr. Brigham was appointed Superintendent of the New York State Lunatic Asylum, at Utica. The institution was opened the 16th of Janu-

* The above sketch of the early history of Dr. B. was furnished by a brother of the deceased.

ary, 1843. From this time until the period of his death, he was unceasing in his devotion to the great cause of humanity in which he was engaged. It is well known that the building first erected, was intended as only a part of the entire establishment, and consequently was not susceptible of such an arrangement, as was necessary for a proper classification. It was the ambition of Dr. Brigham that the State of New York should have a model institution, and this was impossible without further accommodations; and although his duties were thereby rendered more arduous and responsible, without any increase of remuneration, he was unceasing in his application to the Managers and the Legislature, for additional buildings. In May 1844, an additional appropriation of \$60,000 was made by the Legislature, to enable the Managers to erect two additional wings for patients, thus doubling the accommodations, and also the necessary room for bakery, wash-rooms, &c. in the rear of the buildings, and thus removing them from the basement of the main building. The new erections were completed in 1846, and were soon filled with patients; from that time until the present, the average number of patients has been from four hundred and fifty to five hundred. Dr. Brigham was not only ambitious of establishing an institution which should be creditable to the state; but in order that our citizens should avail themselves of its advantages, he labored to diffuse a more extended knowledge of the subject of insanity; this he did by popular lectures, and by embodying in his reports, details of the causes, the early symptoms, and means of prevention, but particularly by the establishment of a quarterly journal, viz. "*The Journal of Insanity*," which was devoted exclusively to this subject. In order to secure its more extensive circulation, it was placed at the low price of one dollar a year, in addition to many copies gratuitously distributed. To the readers of the *Journal*, nothing need be said of its merits. At the time it was commenced, it was the only *Journal* of the kind published, either in this or any other country, and elicited the highest encomiums from the Medical and Legal Professions, both in Europe and America. Although Dr. B. was the responsible editor, it was the medium of communication for some of the ablest writers in our country. We have reason to know, that in addition to the gratuitous labour of editing and superintending its publication, it was long

maintained at a heavy pecuniary sacrifice. In the Prospectus to the first number the Doctor says,—

“The object of this Journal is to popularize the study of insanity,—to acquaint the general reader with the nature and varieties of this disease, methods of prevention and cure. We also hope to make it interesting to members of the medical and legal profession, and to all those engaged in the study of the phenomena of mind.

“Mental philosophy, or metaphysics, is but a portion of the physiology of the brain; and the small amount of good accomplished by psychological writers, may perhaps be attributed to the neglect of studying the mind, in connection with that material medium which influences, by its varying states of health and disease, all mental operations.

“We regard the human brain as the *chef d'œuvre*, or master-piece of creation. There is nothing that should be so carefully guarded through all the periods of life. Upon its proper development, exercise, and cultivation, depend the happiness and higher interests of man. Insanity is but a disease of this organ, and when so regarded, it will often be prevented, and generally cured by the early adoption of proper methods of treatment.”

In August 1848, Dr. Brigham lost his only son, John Spencer Brigham, a promising and particularly attractive lad of the age of 12 years. In this son was treasured a father's fondest hopes and proudest aspirations. He fell a victim to the dysentery which was prevailing in the Asylum, as also in the neighbouring city of Utica and surrounding country, in a malignant form. A few weeks after he was called to follow to the grave his only remaining parent. These repeated afflictions, which were felt as parents who have lost the child of their affections alone can feel, evidently preyed upon a constitution naturally feeble, and seemed to prepare the way for his own premature removal. Though educated by a pious mother, and enjoying the advantages of an early religious education, he, like too many others, had been too much engrossed with the cares of this life to attend much to the future. This circumstance, with some severe strictures in his writings, on the pernicious effects of revivals and protracted meetings on the health of young persons, very unjustly gave rise to a charge of scepticism and infidelity. If there was a fault, it was one into which a medical man like Dr. B. possessed of a strong feeling of benevolence would naturally run; viz. in his solicitude for the health and physical well-being—to forget that there were other and higher claims than those of this world. For the last four or five years more attention was paid to the subject of religion. The death of his son and mother made him feel more strongly the vanity and uncertainty of all earthly ties, and induced him to place his treasures in heaven. Dr. B. seemed to have a presentiment that his earthly pilgrimage was approaching its termination, and in his letter to his brother the Rev. John C. Brigham on

the subject of the death of his son and mother, he spoke freely of his own death as not far distant; expressing however neither fear or regret. It was but too evident to the friends of Dr. B. that his afflictions, together with his arduous duties, were preying upon a constitution naturally feeble, and he was urged to relax his exertions, and if that could not be done to resign his situation: but he could not consent to leave his work unfinished, and only promised that when the institution was in a condition to dispense with his services, he would retire, but, alas! that period never arrived. In the month of August the dysentery again made its appearance in the institution, but in a much milder form than in the preceding year. Dr. B. was seized with diarrhoea, which in many cases was the precursor of the more formidable affection. He however still persisted in discharging the duties of his office, and attending to his patients, until so far exhausted that it was impossible. The writer first saw him on the 27th of August; he had then been confined to his bed three days, and was suffering from the ordinary symptoms of dysentery, with fever, pain, and discharges of blood, but combined with extreme debility and prostration, so as to cause great apprehensions for the result. The severer symptoms yielded readily to the treatment, and his medical attendants flattered themselves with the hope that he might still be spared, but these hopes proved delusive; the disease, though not severe, had exhausted the little strength which he possessed, and there seemed no power of restoration. Every effort was made to sustain the system, (which was all that could be done) but these efforts were all vain, and he expired without a struggle or a groan on the morning of the 8th of September, 1849. The Doctor himself from the first said he should not recover, spoke calmly but freely about his death, gave directions about his affairs, and as to his burial, requesting to be laid beside his beloved son, and that the bodies of both should subsequently be removed to the new cemetery, where a spot has been selected for their interment.

Dr. Brigham was a philanthropist, a lover of his brother man, in the strictest sense of the term; he no doubt was ambitious of fame and distinction, but he was still more ambitious of being useful, and often expressed the idea, that he saw no object in living after a man had ceased to be useful. Fortunately for the community, the usefulness of which he was most ambitious will not per-

ish with him. As the first Superintendent and organizer of the New York State Lunatic Asylum, he has erected a monument as durable as the blocks of stone of which it was built. His teachings too live in his writings. In addition to his annual reports, in which the whole subject of insanity is discussed, and the editorial articles in the "Journal of Insanity," he has at different times published works of a more permanent character. In 1832, he published a small volume on the epidemic or Asiatic cholera; also a work on mental cultivation and excitement. In 1836, a volume on the influence of religion upon the health and physical welfare of mankind. In 1840, a volume on the brain, embracing its anatomy, physiology and pathology. His last publication was an appropriate crowning of his labour of benevolence; it is a small duodecimo vol. entitled "The Asylum Souvenir," and is dedicated to those who have been under the care of the author and compiler. It consists of a collection of aphorisms and maxims, to aid in the restoration and preservation of health, and we have no doubt it will be cherished with a double care, as it may now be considered the parting legacy of their friend and benefactor. The following extracts will exhibit the general tenor of the work:—

"THE ASYLUM SOUVENIR:

To all those who are or have been in my charge as patients, this little book is affectionately dedicated by their friend,——AMARIAH BRIGHAM.

"Peace be around thee wherever thou rovest;
 May life be for thee one summer's day,
 And all that thou wishest, and all that thou lovest,
 Come smiling around thy sunny way.
 If sorrow e'er this calm should break,
 May even thy tears pass off so lightly,
 Like spring showers, they 'll only make
 The smiles that follow, shine more brightly."

Were we asked what were the leading traits in the character of our departed friend, we should answer, that the first and strongest impulse, was one of kindness and benevolence, but this was combined with a high sense of justice, and he would not indulge the former at the expense of the latter. In addition, he possessed a strong feeling of self-reliance, a quickness of perception which enabled him to seize readily the views of others, and use them for his own purpose; but above and before all, an iron will and determination, which brooked no opposition, consequently in whatever situation he was placed, he must be absolute, or he was unhappy. It is seldom we find this strong determination of purpose connected with

a feeble constitution, but whenever it exists, the individual may be marked for a premature grave: the strongest constitution can scarcely long maintain itself under the thousand irritations and annoyances, to which such a will is subject.

The following extracts from the reports of Dr. B. while Superintendent of the Asylum at Utica, are a specimen of the tone of kindness which pervades all his writings:—

"That education which consults the good of the whole man, that tends to develop and strengthen in just proportion the moral, intellectual, and physical powers, is conducive to health of body and mind. But in all countries the intellect or some of the intellectual faculties are cultivated to the neglect of the moral qualities, while in others the feelings, appetites and propensities, are too greatly indulged and cultivated, to the neglect of just intellectual improvement. Hence arise unbalanced minds which are prone to become disordered. They feel too intensely, and are too ardently devoted to the accomplishment of certain purposes to bear disappointment without injury. They have not been taught *self-denial*, without which all education is defective.—3rd ann. rep. pp. 54, 55.

"Allusion has been made to a predisposition to insanity being given by premature cultivation of the mental faculties. This appears to be a fruitful source of weak, ill-regulated, and not unfrequently, disordered minds. The mental powers being rudely and irregularly tasked in early life, never after obtain their natural vigour and harmonious action. The dominion of reason should extend over all the feelings and impulses, the good as well as the bad, for insanity is perhaps most frequently produced by the excitement of some of the best impulses of our nature.—1st report, pp. 34, 35.

Dr. Brigham, as we have said, was ambitious, but his was a noble ambition. He was ambitious of being useful to mankind, and of leaving a monument by which he should be remembered in after ages, and be ranked among the benefactors of our race; and most nobly has he succeeded. Few men were less covetous of personal popularity, or more regardless of the opinions of those about him, so long as he was sustained by the approbation of his own conscience. The following extract from Bryant, which he himself selected for "The Asylum Souvenir" but a short time before his death, beautifully expresses the purpose of his life, and the manner of his death:—

So live, that when thy summons comes to join
The innumerable caravan, that moves
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go not like the quarry-slave at night,
Scourged to his dungeon, but sustain'd and sooth'd
By an unfaltering trust, approach thy grave,
Like one who draws the drapery of his couch
About him, and lies down to pleasant dreams.

C. B. C.

OBITUARY.

DIED at Nashville, Tennessee, August 18, 1849, John S. Mc Nairy, M. D. aged 37 years. Dr. Mc Nairy was appointed Superintendent and Physician of the State Lunatic Asylum, at the early age of 31 years, and continued to discharge the duties of the station with great fidelity and usefulness. His loss will be deeply felt by his many friends, particularly by the community over which he has so many years presided.

AMERICAN JOURNAL OF INSANITY, FOR JANUARY, 1850.

ARTICLE I.

HOUSES AND INSTITUTIONS FOR THE INSANE, *Translated from the German of ZELLER, by A. O. KELLOGG, M. D., of Marepos, Canada West.*

[Some time since the late Dr. Brigham received from Dr. Julius, of Prussia, the following Essay on Institutions for the Insane. Dr. Kellogg, of Canada, has kindly furnished us with a translation, which, he states, is as literal as it can be rendered, though owing to the perplexing character of some of the German idioms, the task of clearly rendering the exact meaning of an author on an obscure subject, is extremely difficult. A few paragraphs of the Essay, not deemed essential, we have omitted. Dr. ZELLER is one of the most distinguished writers on insanity in Germany; Physician and Director of the establishment at Winnenthal, one of the best institutions for the insane in Europe. His success and reputation is such as to attract to the establishment at Winnenthal the wealthy insane from all parts of Germany.—*Editor Journal of Insanity.*]

HISTORY.

THE erection of Institutions exclusively for the Insane belongs peculiarly to modern times.

The earlier establishments for those deprived of reason, were, in the strictest sense of the words, Mad-Houses and Bedlams. In these not reason and wisdom,

but absurdity, had its free abode among the overseers and protectors of the poor patients. At first such institutions were only appendages to Penitentiaries, and were merely houses of detention and safe-keeping, for a community of insane sick, whom their keepers avoided and managed as they would mad-dogs. True, there were at all times individual men who thought more correctly, and resorted to better means to restore these unfortunates; but their exertions were not aided by the isolation of the insane. In the year 1751 was built the first establishment for the exclusive reception of the insane, viz. St. Luke's Hospital, in London. But no other was established for a long time, until christian compassion, in the person of a Quaker, at York, created one of its most beautiful monuments. The influence of this blessed boon was felt far and wide, supported by the clear and humane views of the treatment of insanity, diffused by Willis, and the deep sympathy of the entire English people, in the mental derangement of their unfortunate King, George III.

France, who, in her zeal for liberty, would break all the fetters of humanity, and with glory and justice restore the diseased members of the state to honor and reputation, found in the great Pinel and Esquirol, the men she needed to create and introduce a new and better method of treating the insane. Langermann, in Germany, took a most profound view of the necessity of a scientific medical treatment of insanity: but the first German Hospital which was worthy of the name, and which received a strong impulse from France, transplanting its more complete and fundamental principles, stood upon the Sonnenstein, in the kingdom of Saxony, under the direction of the excellent Dr. Pienitz and his wife; and the most special and laudable care of the noble minister of Nostitz and Iankendorf, who has won for himself an imperishable reward by his exertions for suffering humanity, and particularly, that he created at

Colditz, near the institution on the Sonnenstein, a true *ideal* of an institution for the *care* of the insane under the direction of Dr. Heyner, alike distinguished for his spirit and genius. Horn, Reil, Autenreith, Heinroth, Nasse, Groos, Muller, Jessen, Bergmann, and many other worthy men contributed to the better understanding of the treatment of the insane, and the improvement of their condition. By them the whole of the German science of the new medico-psychological idea, was seized upon and embodied in the institution at Siegburg, in Prussia, on the Rhine, under the direction of Dr. Jacobi, than which this or no other country has produced a more excellent organization for the treatment of mental disease, not excepting the excellent institution for the United German Dukedoms of Holstein and Schleswig, built about the year 1820, and under the direction of Dr. Jessen, one of the most excellent and scientific physicians for the insane, which our times have produced. At Siegburg, for the first time, was Psychology, established in all its medical rights, and the whole treasury of legitimate medicine, thrown open to it, according to clearly known and acknowledged principles of science. To the sick, as upon the Sonnenstein, was imparted all that was necessary for their mental restoration. The preference for Siegburg, to which also had descended the renowned merits and the entire personality of its founders, was, that its fortunate geographical situation would contribute to the improvement of other institutions, by indicating to them its own operations on the new principles. Siegburg became what Sonnenstein had been, the high-school of Medical Psychology in Germany, and soon were added several other institutions, founded on similar principles, all pregnant with the idea that insanity is a disease, which, on account of its peculiar nature, demands hospitals and a healing apparatus of its own kind, but which should be conducted substantially, on common

Medico-Anthropological principles. We name only the institutions at Hildesheim, in Hanover; Lachsenberg, in Meeklenburg-Schwerin; Lubens, in Schlesiën; Marsburg, in Westphalia; Winnenthal and Zwiefaelten, in Wurtemberg; Eberbach, in the Dukedom of Nassau; and the excellent newly built institution at Illenau, in the Grand Duchy of Baden, under the direction of the highly meritorious Dr. Roller.

Institutions for the insane are yet, in many places, very imperfect; for example the imperial and kingly states of Austria, though abounding in other humane institutions, have at this time only two which deserve the name of institutions for the insane, one at Halle, near Insprunk, and one in Prague. The kingdom of Bavaria, so rich in all manner of works of art, has at this time not *one* establishment for the insane, deserving of the name. Therefore further legislative enactments for the welfare of the insane are much needed.

The Idea and essential Necessity of an Institution for the Insane.

An Institution for the Insane is an Hospital to which those mentally diseased are consigned, in order that their peculiar bodily and mental necessities may be supplied. They must therefore possess the means of restraint :—

1st. To secure the patient from injuring his own person, and the persons of those near him by placing him in a situation where he will be harmless.

2nd. To moderate his appetites and provide for all his natural and particular necessities.

3rd. They should be able to do every thing likely to effect and expedite recovery.

An institution for the insane must therefore in all essential respects bear a healing character and its direction should only be a medical one, and the domestic arrangements, if the whole idea of the institution would not be endangered and destroyed, must be entirely subordinate to this. Thus the whole organization becomes effectual, otherwise it is a mere abortion. Indeed it is an absolute condition of the success and efficiency of an institution for the insane, that the physician not only have the preference, but that he be endowed with supreme and complete authority, by which alone the internal affairs of the institution can be governed, and unity and firmness be secured. All must be placed in the hands of one, and although the chief physician can and must strengthen his own powers by medical and other aid, yet to him, in the nature of the calling, belongs the limitation of the power of every other person in the institution.

The establishment of an institution for the cure appears cheapest and best suited to its contemplated designs by means of a new building, notwithstanding the first expense should be greater than with the use of a locality and building already given, of a castle, or cloister, &c. although the possibility of the successful use of such edifices is pointed out in Siegburg, Hildesheim, Winmenthal, &c. but we have in all places paid such dear premiums for these, that we will not follow their precepts. There is no end to the after building and improving with these old edifices when used as institutions, yet on the other side we must not forget that also with new edifices, these necessities for improving and completing arrangements never cease.

We have often spoiled by art the form and construction of institutions for the insane, but soon we trust it will be perceived, that in this, as in all other things, whatever is most simple and natural is the best.

The considerations which must guide in the arrangements of the buildings are simply the following ;—

1st. Those which have reference to general salubrity as must be observed with every hospital, climate, light, air, &c.

2nd. The most practicable *security* and *preservation*, particularly for the noisy, violent and destructive patients.

3rd. The greatest possible combination of comforts, and the serenity of the whole place, and complete quietude.

4th. The easy division of the patients according to sex, condition, kind and degree of disease.

For the most unquiet, noisy and violent, the so called lodges, cells or raving apartments, are necessary, for their own safety and the welfare of the others in the establishment.

They must be the most strong and secure dwelling rooms, and receive their light from above, by means of sky-lights, and their artificial warmth by means of hot air. As to windows and stoves, their liability to destruction prevents their use.

The raving belong likewise in general to the category of the unclean. Therefore preparations for the maintenance of cleanliness in the inclined surface of the varnished oak floor with corresponding conduits are necessary. The varnish and the inclination of the floor does not permit the moisture to penetrate, and allows the frequent cleansing of these apartments and prevents the evolution of mephitic gases, which to the cutaneous nerves and lungs of many men, both sick and healthy, are very deleterious. In this division all the movables should be strong and massive ; also the steps leading to the cells. The walls which answer best for these places are of good smooth brick or cut stone, incapable of communicating cold, and which can be easily cleansed whenever they become soiled. Mortar constantly becomes damaged

and needs greater repairs, which often requires much time. Wood imbibes and retains readily the odors of the many bad evaporations, and conducts sound much more than stone. But the first disadvantage is diminished if the wood be covered with a good coat of varnish, the boards thoroughly seasoned, so as not to contract and expand, and well jointed. Furthermore, the patients cannot injure them so readily, and the warming is easier.

A more necessary chief requisite for the cells is an outlet upon an airy corridor ten or twelve feet broad, and the disposition of openings for observations, which in the height of the ceiling are almost imperceptible, and secures a threefold advantage—1st. Facilities for observing the patient in all his sayings and doings without being observed by him. 2nd. To watch more readily the conduct of the attendants towards him, than which nothing is more necessary, as patients of this kind, on account of their greater sensitiveness and impetuosity, are very liable to be abused by the attendants, and the declarations and complaints which the raving make, will be far less believed than those of the other insane; and 3rd. It maintains continually a due ventilation in the cells, while the ascending current of warm air, likewise takes away the impure vapors. Openings of observation at the doors do not warrant all these advantages, and keep the suspicions of the patient continually excited, and offer inducements to the attendant to throw in his food as to a wild beast, in place of communicating with him humanely and respectfully.

The lighting of the cells by night must be done in a manner inaccessible to the patient, and all cells must be darkened that can be.

Likewise in the apartments for the raving, as for the entire institution, the fundamental law of separating sleeping from dwelling rooms must be observed, a

regulation which no institution at this time decidedly adheres to. All endeavors for the sake of cleanliness, be the construction of the cells what they may, without this measure are in vain. The apartments for the *shrilling insane* can only be considered as subdivisions of the apartments for the raving, and are best organised at the remotest point of these divisions, and furnished with cushioned corridor-doors. If we do not draw these before them, a single shrieking patient can set the whole institution in alarm, when the air is dry, light and still.

The apartments of the raving, receive the noisy and ranting of all classes in the institution, as with this degree of the disease, and the unreasonableness of the patient, not merely the innate but also the conventional and educational differences of men, are as good as suspended.

On the contrary there is required for those who have become more peaceable, but who are still excitable, a division according to their earlier circumstances, and the degree of their mental cultivation. This is needed as a transition to the division of those who are entirely quiet; or yet for the more peaceful and agreeable intercourse with others, whose capabilities are again restored. This second, middle, or passing division, yet requires in doors, windows, beds and furniture, arrangements analogous to, though less massive than those in the cells, but retaining by the way, the character of great comfort; and at no time to be crowded like a barrack, nor as much so as the division for the entirely quiet.

There are also separate rooms in the middle division for the unclean, and momentarily excited patients, and for the bringing in of indecent and morally bad individuals. Should the latter not at once forsake their indecent and improper conduct, then must they be kept in the division for the raving.

The middle division, must like the division for the raving, be upon the ground ; the construction of the remainder of the building may be otherwise. Out of this division the patients enter, with increasing quietude and rationality, into the *third* division for the quiet, who, like themselves, are nearly restored, but who need yet to be closely observed. In this division the safety of those disposed to abscond, and the suicidal, must not be disregarded. They are also yet very irritable, too impulsive; and perverse and hurtful motives, under the guise of friendship, animate them, which requires that they should be kept under constant observation; and as they are permitted a more free exercise, their partial cunning, or more completely restored presence of mind, imparts to them more calculation and concealment in their plans, than to the more violently agitated patients. It has been proposed to separate those who are inclined to suicide, and to give them particular apartments by themselves. But all experience and the nature of the thing speak decidedly to the contrary. Suicide has besides, a true, contagious power, and the congregating of such as are actuated by the same dark thoughts of self-destruction, is indeed not calculated to bring about the most beneficial results, and if it serves in a partial manner to render the accomplishment of the deed more difficult, or prevents it, nevertheless what the patient cannot now accomplish, he does later and with less interruption.

Humanity demands that the poor fosterlings of this order be not thrown together with the low and uncultivated. They should retain their particular table, and division, as generally in all divisions a certain variety and gradation must be conceded, and which must be adapted to the fixed character of each division allowed, in order to take notice of the individual necessities of particular patients. In this circumstance there often

lays a great power for operating on the mind of a patient, as generally in the just division and grouping of the fosterlings, and taking advantage of their mutual interests, consists the strongest psychiatric lever of an institution.

The fourth division belongs to the proper convalescents, who, at their bodily and mental restoration, if we wish the benefits of such an institution in its entire extent to be generally acknowledged, should be allowed, in a measure, the freedom of the establishment, if the fear of suicide, or the necessity for restraining them in their capricious will from absconding does not forbid; in which case safety demands that they should be assigned to the division for the quiet patients.

To those of the convalescent division, is permitted walking for exercise in the garden of the institution, and limited exit from the establishment, and there should be a particular court-yard with covered passages for walking in bad weather.

All divisions have their particular conveniences for feverish patients, but these must only consist of single rooms, which in general should correspond with the divisions to which they belong, as regards their greater or less security, comforts, &c. &c.

The divisions for the convalescents, are in many institutions entirely separated from the remainder of the establishment, under the false supposition that they are liable to become infected by the other patients remaining in the place; but all experience speaks decidedly against such isolation. The plurality of the convalescents is first seen in the division for the quiet: in this they first find themselves, and their returning health. They now discern what they have received from the institution and superintendent, and long, as they have now become spiritually nearer to them, (if they wish an alteration of their dwelling place,) to be about, and for

the short time they have yet to remain, to be truly useful, rather preferring to be near, than pushed at a greater distance. And it appears reasonable and self-evident that, as the most diseased patients must be removed farthest from the central point of the house, in which the superintendent, the representative of sound mind dwells, the most healthy of the fosterlings should reside the nearest to the centre, for it is by all means necessary that the physician, as the sound spirit of the whole, should dwell in the centre of the entire establishment. Besides, certain grades of the convalescing need the most, as likewise the mildest, and to them, least perceptible inspection at their first time of trial of a renewed entrance into life, and this is best done through the proximity and frequent contact of the convalescents, with the officers of the house.

We hold this fourfold division of the patients with the given subdivisions, as completely satisfactory, simple, practical, and easy to overlook.

For the male patients there are needed workshops and space for bodily employment in the house, and for gymnastic exercises, so arranged that the advantages of these to both mind and body, can be continued in bad weather, and also in winter. For the female division likewise much room for diversion and bodily exercise, is necessary. In every division there should be a bathing establishment, which is most conveniently situated between the apartments for the raving and those of the quiet patients, so that no apartment is too remote from it, but particularly that the violent patients can be easily brought in without disturbing the remainder. A quiet communion and concert hall, and church or chapel for the worship of God in the institution, common to both males and females, and which is best situated in the centre of the building, and near the residence of the chief physician. The rooms of the male and female

attendants are in every case, in the respective divisions for the males and females.

To the most necessary requisites of an institution for the insane, belongs a depository for ice, which is so frequently necessary in weakness of the organs, and general debility, attended with congestion, and which seldom requires, or even bears, the simple antiphlogistic regimen. In such cases ice is of so great advantage, as not to be replaced by any other thing.

As relates to the preference of the plan of an entire establishment, according to the new French principles, which were particularly brought into consideration by Esquirol, and which consists of single, entirely isolated, one storied quarters, spread out upon a great plain, after the manner of a camp, compared with that on the English principles, consisting of suitably connected single storied buildings for the unquiet patients, and middle buildings of two or more stories for the quiet and more reasonable,—we believe without hesitation, that the preference must be given to the latter, as the former makes the oversight and direction of the house, extraordinarily and most uselessly difficult, and renders a harmonious and organic working together of the separate divisions of the house almost impossible.

But what particular form of the English style of building shall be adopted—whether it be with or without wings, depends entirely upon the extent of the establishment. If the number of patients be not too great,—about 100 or 130,—the single building will answer the purpose, but with a greater number, the wings are necessary.

The entire architecture of the institution should bear the character of solid simplicity, friendliness and habitableness, not of nakedness and poverty; not the voluptuousness of the rich, and yet less the appearance of a prison, and the interior should be conformable to this,

simple, commodious, and corresponding in a measure to the necessities and customs of the separate classes. The reception room, into which the patients are brought on their first entrance, should bear more particularly this simple and friendly character. The first impressions which a patient receives can never be sufficiently mild and friendly.

The best situation for an institution is in a plain, or upon a gentle hill in a pleasant fruitful country, rich in the variety of its natural scenery, interspersed with shady and sunny walks, far from any rocky precipice, lake, or deep river, but abounding in healthy fountain water, and presenting conveniences for free bathing.

The neighborhood of a small business and market town should be selected, out of which can be brought with facility all the economical and medical necessities of the institution.

A corresponding extent of garden and land possessions, surrounding the institution on all sides are indispensable requisites of every good establishment, as they afford conveniences for the free and uninterrupted exercise of the patients, and enables them to have healthy and compensating labor. In these grounds should be the ten-pin alley, and other places of gymnastic exercises for the men. It is not advisable to divide the garden into small pieces; it must on the contrary, in its unitedness make amends for the freedom of nature, till the patient has recovered sufficient mental strength to go forth again into God's wider world.

Institutions solely for the care of patients, must be regulated by similar principles, in order to answer the demands of the present state of science and humanity, although they admit of a simpler execution, and are only under the necessity of containing more extensive and particular space for the epileptic; the division for the convalescents, and for the quiet and improving patients, may fall together.

A great burden for the public institutions, are the insane criminals, for these in their proximity to others possessing a strong sense of honor, become powerfully prejudicial; and therefore in England are assigned to separate establishments, as Bedlam, or in apartments added more particularly for them, an arrangement which is also worthy of imitation in all places. Whether the erection of such institutions, which are only to receive these patients under the care of the state, be definitely determined on as the most practicable course, time must show. Langermann has already labored for the erection of such institutions, as a sort of medium between houses of industry and establishments for the insane.

The support of public institutions is brought about in various ways, according to the circumstances of the country, and the community, and their disposition and means. The state has in all cases the obligation imposed upon it, of stepping forth with its help, if the individual or his relatives and nearest neighbours are incompetent, and although its ability to contribute may be more or less, yet the institution always needs connection with the state, if its general utility would be as great as possible.

The chief control over the institution, must be in the hands of the highest and most intelligent persons, and is best exercised through a commission of citizens of the commonwealth, and of the highest medical authority.

The Chief Physician.

The chief physician of an institution, must for his high and most peculiar calling, be endowed by nature with extraordinary gifts of disposition and mind,—deeply scientific and of an extensive and diversified understanding of the world, and of himself,—must devote his whole time and strength to his institution, yet on account of the great expenditure of bodily and mental exertion, must be

so situated as to dispense with all practice not of a consulting nature; otherwise his strength will be fretted away prematurely, and his life endangered. The genuine physician to the insane must have been born such, although diligence, education, and good will compensate for many blemishes. As every human personality is circumscribed and deficient, so has the physician to the insane, the two-fold task of self-purification and self-completion imposed upon him, which he must perform to the extent of his abilities, without the destruction of those peculiar properties and organs lent him by the Almighty, which indeed only give to him the pure and perfect stamp of humanity, and which can only place him in a position to be all in all to his patients. This he cannot be without the most embracing and devoted love, without the greatest control over himself, together with genuine piety, without which the noblest and richest human powers for such tasks, such dark problems, such unspeakable misery, and mental and spiritual necessity as is heaped together in an institution for the insane, must succumb.

The Assistant Physician.

The directing physician needs, even with an institution of small extent, an assistant physician to strengthen his efficiency, and who must entirely represent him, in case he is sick, or for the purpose of recovering and collecting renewed mental power is distant from the institution.

As the chief physician must be the friend and father of his patients, so must also the assistant physician though subordinate, be his friend, and co-operate with him in the same spirit and mind, as it is necessary for the patients that the institution should present to them on all sides, a complete unity and spiritual power. Pure servile relations in such institutions can in no manner be

satisfactory, and if the physicians love the patients for whose sakes they hold their situations, as they should, they will also with pleasure bring mere personal opinions and peculiarities to the offering, and in a legitimately scientific consultation, seek to solve the great questions which their common calling assigns them.

Besides the first and second physician, every extensive institution will require farther medical help, say one physician to every 150 or 200 patients, partly to share in the working out of the history of the patients, and the conducting of the journal, partly for the official correspondence, and other temporary employments.

The external of an institution may be the most magnificent and lordly, yet without the true guiding, moral, religious, and scientific spirit—without the true medical personality, it is but a painted corpse, while with such can, from out an unsightly and imperfect edifice, bring forth richly blest and most beneficial psychological results.

The Chaplain.

Men in modern times have again sought to cast a doubt on the advantageousness of the help of a chaplain in an institution for the insane, and even men from whom we might least have expected it, and to whom according to the nature of the thing, and particularly the thoroughly proved necessity and co-efficiency of such, in the treatment of insanity in many German institutions for the insane, we might have supposed the thing clear. Thus Nasse, otherwise highly meritorious in the affairs of the insane, has denied them and questioned their usefulness.

Men no longer deny to criminals and prisoners the regular care of the soul, and yet will they deny it to these most needy and unfortunate patients as being useless and hurtful. That judicious intercourse with the chaplain is altogether a reasonable treatment of the insane, a

psychological remedy, the fortunate results of modern times have demonstrated. It is also clear that as the mind in its greatest disorder, often experiences many spiritual disturbances and doubts, it needs this most powerful and prudent help to its self-understanding and consolation; and although the physician himself may be in a situation to judge from his own inward life, the necessities of his patients in these respects, and his word may often find a more ready entrance than that of the chaplain, nevertheless the customs, views, and sentiments of many patients require the more complete intercession of religion and the church, in the person of the chaplain, but only in a purely scientific shape, and under the direction of the physician.

A good institution for the insane is a small world for them, in which no sound member of the outer life should fail to be; and as religion finds in the upright lives of men, the keystone which determines the godly order of the structure, so must it also in such an institution, lay the foundation and fashion the entire spiritual organization. Religion alone can make men truly free, and remains as the only enjoyment to sustain them in the afflictions incident to the fall. But all healing means and powers of the house must be under the direction of the physician, for him to make use of for the general and individual good, and therefore to him, in the psychological treatment of the patients, is the efficiency and the judicious intercourse of the chaplain with them, in general of the greatest worth. But the sound members of the institution, need the continual incitement and encouragement of the power of religion, for the fulfilment of their heavy duties, as it is not possible for either gold or honor to remunerate them. For the completion of the psychological remedies in all good institutions of modern times, are required, teachers of elocution, drawing, music, geography and the like, inasmuch as it is neither the

place of the physician or chaplain to take charge of this department.

Male and Female head attendants.

To the attendants belong a male and female head attendant. The importance of a fit election of persons for these posts needs no comment; but particularly difficult is the election of female head attendants, as these according to the nature of the thing, have to deal with a thousand peculiar cases, as with bad raving female patients, whom the physician cannot well approach; and in general his position for observing the female patients is more restrained than it is with the males; and nothing is more necessary, than that the person clothed with this important post, be completely trustworthy. If she be so, an institution has in her a precious jewel.

Attendants on the Sick.

Without the help of competent attendants, all medical efficiency is null and void, and yet the difficulties of obtaining, modelling, and retaining such, are infinitely great. The attendant of the insane requires not only a great deal of love, patience, friendliness, virtue, steadfastness and tractability, but also of understanding, education and presence of mind, in order that the mental disease of the patient may never be lost sight of. Only very few persons from the laboring class possess these mental and moral requirements; we must therefore direct and diligently instruct them. All educational susceptibilities and existing gifts must be prized and cherished, while we seek to maintain in them a firm and cheerful disposition. We must alleviate as much as possible their heavy service, bear with them, think *for* and *with* them, and in general lead the way in all respects; and finally when they have long toiled, and become unfit for further service, through age or misfortune, they

should be thought worthy of being provided for in their retirement.

The great difficulty in the education of suitable attendants, has often suggested the thought of drawing them from the spiritual brother and sister-hood. But that sisters are not competent to manage insane, and particularly raving men, and that according to the nature of the weaker sex, modesty and custom alike forbid their intercourse with them; and that the spiritual character of the brother and sisterhood is so significantly registered in their attire and appearance, as to render the institution in the eyes of such a sensitive, suspicious and fanciful community of patients, a cloister, is of itself clear. In their places, and at their time, these orders have rendered great and most laudable service and humanity thanks them much, but they have done it only when they could step forth independently. But such an independent efficiency is not compatible with that subordination to the superintending physician in which the attendants must stand, where one word can overthrow what the toil of a long time has built up.

*The Stewardship and Economical Administration of
the Institution.*

For the direction of the economical affairs, there is allotted to the chief physician a suitable steward, but who is to act under the medical determination of the house. To the steward belongs the domestic economy of the entire institution, its garden and landed property, the management of the treasury, and the boarding and providing for the patients. In all places where the advantages of the institution and the patients are rightly understood, as in economical England, the boarding and providing is never given into the hands of contractors. This indeed seems less expensive, but as experience everywhere

in such and similar institutions teaches, contractors only labor to enrich themselves, and introduce a strange and perplexing element into the establishment. The free transformation of all branches of economy, and particularly the garden, for the use of the institution, is essentially arrested. An institution for the insane cannot, and should not, be an institution of profit, neither to the state, or to the officials of the house; therefore it must be for its own advantage and the public good.

Regulations of the House.

The medical, moral and religious regulation of the institution are its written and quickening chart—the power and the law which operates in all its movements, supports all, guides all, and which should fasten together in mutual union all divisions of the house, like a great, wise, firm, loving and well regulated family.

Reason, truth, love, compassion, justice and genuine science, are the directing principles of this microcosm. The regulations of the house represent, in all parts, the reasonable sound will to which the insane must subject his own free will. This regulates his entire outward bodily and mental acts, and allowances his labor, his rest, his sleep, his watching, his eating and drinking, his pleasures and enjoyments, as also his emotions which oppose him on all sides; which divides to him the measure of his outward freedom according to the measure of his inward reasonable self-knowledge and spontaneous direction.

But the regulations must not be a collection of dead precepts; they must be the judicious usages and customs of the house, and be lengthened and widened with freedom, according to the individual necessities of those committed to its care. But the centre of the entire regulations rests in the judicious intercourse of the inmates of the institution, in which each is permitted to partici-

pate only according to the measure of his reasonable deportment, and may belong to the highest or lowest order. The observance of the outward regulations must, (if the undisturbed reason of each individual be not entirely bound by organized fetters, or the slavery, viciousness and foolishness of early times) sooner or later help to animate most powerfully the medical exertions.

So from out the earlier Bedlams and mad-houses, in which the folly of both the sick and the healthy had the widest room for play, have arisen asylums of reason, in which nothing is permitted but such as is suited to men, and such as brings them to a fortunate fellowship one with another. So many hindrances, barriers, and crudities are not permitted to exist here, and by the above reasonable arrangement, men are held at a distance from themselves, and others similar to themselves in hatred, passion and prejudice of all kinds. Higher and lower degrees, poverty and riches, fortune and misfortune of all sorts, it discriminately fashions in an institution, in which all judicious considerations participate; but it must be in one great and entirely reconciled consolidation, harmoniously bound together for the general and individual good. Hereby is the question, whether it be good and advisable to permit diversified orders in a public institution, solved. The influence of the patients upon one another is of infinite signification, and must be conducted with understanding, and in place of producing injury, as is ordinarily feared, the operation is most advantageous. Indeed, in it lies the greatest help for the medical exertions, but it must be within given limits, and strengthened by fear and obedience, but more through love, and the agreement of profitable regulations, bringing in as much variety, life and exercise as may be possible; and thereby it can only happen, that every good faculty of the patient is brought out, animated, prized and provided for.

Whatsoever can render life harmonious, comfortable, friendly, and rich in blessings—whatsoever cheers and purifies the human heart and fills it with hope and vigor—consoles, illumines, enlarges and discenthrals the mind—indeed whatever can cast one ray of light into the benighted spirit of the insane, all must according to time and circumstances, be seized, brought in and taken advantage of, to create from out these deepest conditions of human misery, an efficient asylum, a place of rest and joy, for weary and wounded souls. The more quietly, simply and undisturbedly all this can be accomplished, so much the more does the institution approximate its ideal tasks—so much the more consoling, happy and healing is it for its fosterlings.

The genuine physician to the insane knows how to awaken by the simplest game the disposition and power for something higher, yet forces it upon no one, but permits it for his own joy and recreation to spring from out the interior of the spirit, while a mechanical psychiatrist thinks to be able to teach the unfortunate reason, or awards vain medals, which in the eyes of such sharp-sighted patients make him small and laughable.

*The peculiar apparatus of an Institution for the
Insane.*

However great the power and influence of such firm and judicious regulations for the restoration of the genuine energies and true uses of the mind, nevertheless, in many cases these are not sufficient to curb and direct the diseased self-will of the insane as their circumstances demand. For this mechanical means are necessary, but their number with the progressive development of psychiatrie, becomes ever less, so that in all institutions which have followed these developments, only a few are yet in use, and the application of them in practice is as rare and short as possible, while in earlier times, par-

ticularly in England, men strove to rival each other in the invention of these mechanical *spectres*, which are now only shown as curiosities in the lumber room. But to the mechanical means which have been retained, and which according to the nature of the thing will continue to be retained, belongs—

1st. The *restraining chair*, which for those that are extremely insane, who by their raving, and their vehement and powerful movements are ever lashing themselves into renewed fury, or in any way injuring themselves and other persons in their neighborhood, is an indispensable means of restraint. The old construction of these resembled a common chair for the sick, only with the necessary bands and straps of leather to fasten around the patient, passing over his breast, and around his arms and legs. The new, so called English chair by Jacobi, (to whom psychiatrie in general is much indebted, but particularly for the management of institutions for the insane planted upon German soil,) resembles a cushioned church pew, or the seats for guests in English eating-houses, has no girdle or strap-work, and holds the patient by means of a strong closed door, and a strong board shoved in above the feet of the person sitting, without pressing or excoriating him, while for the time of the greatest disquietude, and for the spitting, scratching and biting patients, a perpendicular board can be placed before the breast and face. Both kinds of restraining chairs are according to circumstances equally required, sometimes the one, sometimes the other is to be preferred.

2nd. The *restraining waistcoat*, and the *restraining shirt* open behind, laced or buckled; coats and jackets with lengthened sleeves which are thrown over the breast, and their ends fastened to each other behind upon the back with straps or buckles.

3rd. *Gloves* of strong leather *without fingers*, buckled fast at the wrist, or made fast under each other.

4th. For rare cases, if the patient can bear no kind of pressure upon the breast, and the gloves are always stripped off, we require the *restraining girdle*, a broad strong leather girdle, with leather straps and buckles around the hands of the patient, and made fast by the side or before.

5th. *Spring straps*, broad soft straps around the legs of the patient, so restraining him that he cannot kick or run, but easily permit of his proceeding slowly.

6th. *Bed-girths*, to secure the drapery of the bed about the patient without disturbing his rest, to which also appertains the restraining waistcoat, which is secured by side girths.

7th. The *wire-mask*, for the spitting, scratching and biting, differing very little from the net-cap, and finally,

8th. The so called Autenreithian mask, a good cushioned leather mask which makes screaming nearly impossible to the patient, without rendering his breathing too difficult.

The turning wheel, turning bed, and turning chair have become obsolete. Their operation is often dangerous, seldom healthy, ever unsafe. In modern times, particularly in England, where earlier as well as now, these means of restraint were cultivated to an incredible extent, men have gone as far to the contrary, and would banish and forbid under menace of punishment all such remedies, but doubtless only to the greatest injury of the patients themselves; for judicious, dexterously applied mechanical restraint is often of such benefit, that the insane will sometimes request it, if they feel the paroxysm

approaching. Solitude is so urgent and wholesome a necessity for many raving insane that without it they can get no rest. In the presence of men most beloved by them, they often rave the most fearfully, and though they are not put out of a situation for following their diseased impulses, yet we cannot leave them alone in their senseless fury. The solitude and predominance of the institution, which does not subject them to the tearing, restraining and binding of men, but opposes to them a simple, painless and mechanical restraint, brings them the soonest to recollection, and likewise the soft pressure exercised by the bindings upon individual nerves, is often, as in other spasmodic and neuralgic affections, of decided advantage.

Besides, in many cases, the presence of a mass of attendants is not sufficient to restrain a determined, dexterous, powerfully muscular, and cunning patient in his frantic designs; and without the help of mechanical means, the limits of self-defence against his assaults are by no means so accurately drawn, as not to permit of much more active violence on the part of the attendants, than where a strong restraint is laid upon the necessities of the case, and only resting upon the medical regulations, and the careful use of the given coercive means.

But as to correctional means, in the strictest sense of the word, there are none in a good institution, and if strong measures are necessary, they must ever bear at the same time, more or less of a medical and therapeutical character, and correspond precisely to the mental peculiarity of the patient, whereby their particular healing aim is not lost. The punishment must ever be a benefit and a remedy. Therefore we direct the most reasonable mode, not excepting the most extended *douche*, the deprivation of nourishment and the like, seeking out for each individual case the most suitable measure, which often requires the deepest meditation.

Intercourse of the Institution with the outer world.

It is necessary that the institution should render unto public opinion an account of its doings and operations, and not only this, but also that it be accessible to the personal examination of genuine philanthropists, and competent judges. But that the mystery of the institution which tenderly and silently covers all the aberrations of its care be not violated, no curious and officious eye should ever penetrate their most secure retreat, and no visit from any friends or relatives of the patient which could be hurtful to him, can at any time be suffered.

But on the other side, all are welcome who have a heart for these unfortunates, and who can and will contribute to the advancement and elevation of their welfare and pleasure, according to the manner appointed by the physician. Therefore it must be one of the chief tasks of the superintendent of the institution to cultivate friendly relations with the outer world, on all sides, far and near; by this, on the gradual return of the patients into the world, they become indulged, spared, beloved, understood and advanced.

But the connection must ever remain in the hands of the directing physician, until the institution has rendered this unnecessary to the patient himself, and he can again without mental crutches and artificial help, turn back into the world on his own feet.

Use of the Institution for Clinical Instruction.

How far it may be possible to make use of the institution for clinical instruction, has been set forth in the representation which has already been made. In spite of the advocacy of so many great and learned men, a particular clinical instruction in an institution for the cure of the insane is a nonentity. Insanity can be no object of study in the common sense of the word.

That which runs directly against the healing aim can not be suffered, and whoever would penetrate these places, so full of deep problems and sufferings, needs more than to belong to a mere college; he requires the most humane education, and a scientific and moral ripeness and solidity. Whoever comes into an institution unprepared, is a burden and corruption to the patients, and the advantage which the observance of the insane secures to him is trifling and vain.

The visiting of institutions for the insane can therefore only be allowable and advantageous to those who have completed their studies, and are perfectly prepared. Even this can only be in such a way, as that the visit be a pleasing and welcome appearance to the patients, for which reason only individual physicians can at the same time be allowed a lengthened access. He that does not thus regard the patients has not effectually seen these objections. Thus the practical knowledge of mental disease becomes more widely diffused. But to become practical physicians to the insane is also to become the least indulged, although the entire future elevation of medicine, as Damerow has so beautifully and strikingly represented, shall be psychiatrical, i. e. one resting upon the comprehension of the entire corporo-spiritual nature of man.

Reception and Dismissal of Patients.

If the reception of the patients into the institution belongs particularly to the decision of the highest directing and controlling authorities, and only the provision in urgent cases is conceded to the chief physician, nevertheless in every case, his judgment as to the patient's admissibility must be heard. So also the decision for the dismissal of the improving or convalescing patients, by way of trial, for a longer or shorter time, belongs to him, or in all cases only dismissing them upon the duration of

their good conduct, by which the patient is not delivered over from the policy or justice of the institution. Every institution which would proceed securely in its healing results, will dismiss no patient from out the bands of the establishment as cured, till as a convalescent, he has been tried and proved by one or more years of unrestrained life.

The legal determination upon the reception of the patient into the institution, as that upon his dismissal from it, must in like manner, facilitate and secure his entrance into the establishment; and the particular healing aim whereby the cure cannot be disturbed by the interference of relatives, and the arbitrary taking back of the patients on the part of their intercessors, before a certain space of time, or during a critical period of the disease. Upon the other side, the right and freedom to protect individual persons is facilitated and guaranteed, and false seizures and committals, also the unjust retention of one long convalescent, and of one not mentally diseased, is guarded against and prevented.

The legal determinations on all these points, are in different countries very diversified, but ever in a degree hurtful and imperfect. They do not proceed from a psychiatric point of view, by bringing home to the physicians the decision upon the necessity and proper time for the reception and dismissal.

How unqualified as a general rule a judicial hearing is, to contribute to a knowledge of their mental condition,—how inciting, interrupting, disquieting and terrifying—so much so, that its influence will scarcely yield in months or years, experience teaches; and the disadvantageous consequence which ordinarily follows a later intercession of a jury for the settlement of the question, is manifested in the conduct and manner of the patient. And besides it never at any time affords any certainty with regard to the mental condition of a patient, as so

many of them upon a time of trial for their liberty, or for any other purpose, can so collect themselves, that a person unlearned, or even a physician not herein experienced, is too easily led to believe them sane. According to the outward appearance of the most dangerous insane, they may be the most prudent and unsuspicious, and are often able to show much wit and mental acuteness, and great clearness of peripheral and central consciousness. The more quietly and undisturbedly, in spite of all forms of justice, a patient can be surrendered to the institution, the more do circumstances permit of his earlier relations, as far as may be good, being left at rest,—the more the guardianship sometimes necessary for him, and the value of his rights and property, only as a guardianship for an absentee, will be considered. No weighty measures in reference to the outward affairs of the patient, should the guardian be permitted to undertake, without communicating to the authorities of the institution, and their consultation as far as it may be possible with the patient, otherwise they should have no legal validity.

But an openly published declaration of incompetency is not needed, since the patient so long as he is in the institution, is watched over in his intercourse with the outer world, and his acts *co ipso* can have no legal validity, only so far as they are confirmed by the physician.

But the question as to the proper time for the dismissal of the patient from the institution demands the most earnest and mature reflection of the chief physician, and an accurate consideration of all the circumstances which attend the improvement and cure. But the more freedom of exercise, according to the measure of reason, the patients are allowed, while they yet remain in the institution, the more do we try and previously prove them, and the more fortunate is it for giving to the whole life of the patient, a sound, firm, and moral basis, and for permitting him to draw the full profit of the disease

itself, which is a school, such as none other can be, for giving him back more quietly to the world. The less ignominiously we have treated him in his sickness,—the more we have been actuated in all necessary restraints, by truth, justice and love,—so much the less ignominy does he find in having become insane, and given over to the institution. He considers himself as one, who having been sick, has found protection and health in the asylum, and knows no reason why he should be ashamed of it. Thus hath the dismissal of the patient formed new relations for the institution, and, with rare exceptions, bound in bands of mutual confidence himself and the superintendent. Indeed the place where he found rest, tranquillity and clearness, has become so lovely to him, that with pleasure he turns back to visit it, and we can truthfully maintain, that if a patient on his separation, is yet vexed at the institution, and his friends at home for having placed him in it, his recovery is not to be considered as complete, although he may appear to be again in possession of all his mental faculties, even according to the judgment of his beloved companions, after the most clear and judicious inspection; since to him the perception of his insanity, and his complete deliverance from it, is imperfect.

For the completion of the affairs of the insane, in which, as in all beneficial exertions of the state, both the public and private helping hand must be sought, belongs yet the efficacy of a free union of dismissed, improved and convalescing insane. The Dukedom of Nassau, and the institution there, Eberbach, under its noble and philanthropic director, Lindpaintner, has gone before in this with the most beautiful example. Had we in modern times, and in all places, taken up more commendably the improved and dismissed insane, who have been penally imprisoned, then might public charity and compassion have been extended to these innocent unfortunates,

who after having again become sound, under a thousand pains and troubles, are so often abandoned by all the world; stripped of all means by the disease itself, they become again disheartened, and tremble for their future prospects. Likewise for these salutary exertions must the institution give the first impulse, and although she takes upon herself a new burden thereby, nevertheless she encircles herself with new helps and blessings: a new band of kindness and confidence, and the most active and friendly sympathy binds her to the world, and strengthens and completes her own efficiency.

ARTICLE II.

ON THE COERCIVE ADMINISTRATION OF
FOOD TO THE INSANE.—*By* LUTHER V. BELL,
M. D. *Superintendent and Physician of the M'c Lean
Asylum for the Insane, Somerville, Mass.*

SIR WILLIAM ELLIS in his Treatise on Insanity gives his opinion very decidedly, that there are no cases in which the administration of nutritive means by force is necessary, and that in every instance in which food is refused for a while when its ingestion is really essential, the patient may be brought to acquiesce by management and skill. I have not his work at hand, nor have I seen it for some years, but think I do not state his proposition, fortified by many examples of successful overcoming of the determination of the patient, through the patience, tact and perseverance of himself, Lady E. and other experienced guardians of this class, with too much latitude.

A faithful endeavor to avoid all means of coercion, extended through an experience of between one and two thousand inmates of this hospital, compels me to an opposite conclusion. A frequent inter-communication with the heads of our American institutions, leaves no doubt on my mind, that their experience is similar to mine. I know not how to reconcile this divergence of conclusions, except in expressing the opinion, forced upon me by two visits to the hospitals of Great Britain, that they have vastly fewer cases of strong, determined, active delusion, not to be influenced by any motives of either the persuasive or minatory character, than are met with on this side of the Atlantic. It is certainly no unusual thing in all *our* hospitals, to find individuals impressed with the idea that they are to fast for a definite period, or for the future, in consequence of an immediate, supernatural communication. The delusion thus, as a heavenly call, is a matter of conscience in its most irreversible aspect. As such, you might as well expect the same person, when well, to be persuaded, or cheated, or threatened into any actual commission of crime. If his conscience and firmness were alike decided, it is obvious that there can be no voluntary taking of food, and experience shows such to be the case.

Those who, in hospitals for the insane, require attention from their determined abstinence will be found to be naturally arranged in three classes:—

1st. Where there is the belief of a divine command or other supernatural direction not to eat. This sometimes will occur in an almost purely monomaniac form, the impression being received as a result of false hearing, or being “borne in” upon the mind without its being the subject of the senses. The idea of imitating the Saviour’s fast of forty days is a common example of this kind of delusion. Where it takes the limits of an exact time it is much less troublesome than when the refusal is deemed

a perpetual injunction, or to be removed only by a new revelation. It however, unfortunately happens that the injunction when of a specific term is very apt to be protracted by a new command, and however much pains you may take to keep your patients mind upon the notion that when the appointed time is up, his duty has been accomplished, you will often be disappointed by a second term of abstinence.

2nd. Where there is a confused, indefinite impression that it is dangerous to eat, or that it is morally wrong, or that the food you offer is poisoned, or that the stomach and bowels are closed up, or wanting.

In these cases the appetite is often good,—the will to take food strong. In this variety alone, is there the opportunity for all those means of tact, management and perseverance of which Sir William Ellis had so high an estimate. In some of these instances, leaving food as if by accident, getting another patient to eat a portion and throwing it aside, trying different persons to offer it and the like, are occasionally, indeed generally successful. In short, any method which is evidence to the patient that there can be no poisoning will answer. We have now under care a gentleman, a permanent resident, occasionally subject to this delusion, whom we permit to go into the streets with an attendant and when he comes to a grocery or bread-store where he thinks it will be safe, he there obtains his supplies.

In other cases, persuasion, reasoning, or overbearing temptation to the appetite may succeed in leading the patient to brave all consequences, and eat, as he would commit any other wrong act, heedless of consequences.

3rd. The last variety is where the digestive organs are severely suffering, the whole mucous surfaces in a state of high irritation and an absolute loathing of food and an

entire absence of assimilative power exist. The mind in these cases is in a state of wild confusion resembling the delirium of typhoid fever or the advanced stages of overpowering acute disease. Indistinct notions of poison, moral wrong in eating and the like may be sometimes caught in the few broken, confused sentences uttered in the attempts to repulse the administration of food.

The most embarrassing difficulty in this form is to discriminate how far the existing appearances are the effect of previous abstinence, or arise from other disease, for the signs presented after long continued abstinence in the inflamed mucous membranes, the sordes, and brown crust upon the tongue, the broken and sore prolabia, the exceedingly fœtid breath are closely analogous to these indications of advanced acute disease.

When the patient is brought to an institution because he has taken no food for many days and with these indications, it is the great question to decide whether (let the antecedents have been what they may,) his chance is better with or without the coercive administration of food. The condition of each case must answer for the expediency. It is certain that in the majority of cases advanced to the degree indicated, death will occur, whether food is given or not. Yet it is so common to see patients rally with great evidences of the mucous surfaces being highly disordered, and the administration of food can be made with so little disturbance and violence, that no doubt can exist in these nearly desperate cases that the patient should have the chance by action, if the chance is deemed as otherwise equilibrated.

The question how long a patient may go without food and survive, is one which obviously admits of no reply so uniform as to render it at all a safe basis of action. My own personal experience would lead me to lay this down as the nearest approximation to a general rule:—that when the peculiar fœtor of the breath, which always

comes on after a while in prolonged abstinence, is observed, longer delay is inadmissible.

In those cases of *mere will*, where the patient resolutely refuses, with the calculation that he will compel his release by endangering his life, when the health and deposition of fat are average, perhaps it would be a safe general rule to allow three days, that is, seventy two hours to elapse, before any force need be used. The appetite will not be destroyed by the morbid condition of the surfaces prior to this, and experience shows that the resolution, originating in such expectation as that suggested, generally fails as early as this.

The necessity of artificial nutrition being determined, the mode and character of the administration are to be considered. In former years the food seems to have been given by what was called *spouting*. Constant reference to this practice occurs in the account of the abuses developed by the celebrated Parliamentary enquiry of 1816, in regard to the insane institutions, public and private, of Great Britain. It seems to have been a mode of turning liquid food into the throat by means of a vessel with a flattened spout, introduced so far that the action of the tongue in protruding the food was prevented. The complaints appear to have been that teeth were sometimes forced out, as if the point of the spout was used as a wedge and that in some patients where they had that voluntary control over the muscles of deglutition which persons have in various degrees, they were *quackled*, as the phrase was; a portion of the matter passed into the *rima glottidis*.

The next method appears to have been more pleasant certainly in appearance, but essentially the same. A metallic spoon was made, of pewter or composition, with an opening from the end of the handle to the point of the bowl, through which the food was poured after the tongue was kept down with the bowl. The bowl was, as far as

recollected, designed to act as the wedge to force open the teeth.

A figure of this article is contained in one of the published works of Dr. Haslam, who claimed its invention. An imitation of this spoon on a small scale, was re-introduced a few years ago for the purpose of giving medicines to infants, and enjoyed a temporary notice.

A wooden spoon combining the essential qualities of Dr. Haslam's, with many much higher advantages was afterwards introduced, where or by whom, I know not. Until the introduction of the stomach pipe, it was the sole instrument employed at this Institution, and Dr. Wyman ever had serious doubts whether the pipe was upon the whole a decided improvement. Certainly the instrument has so many good qualities that in cases of voluntary attempts at self-starvation in districts where the pipe cannot be had, its use should be availed of. It consists simply of a piece of moderately tough wood six or seven inches in length, the outer end of which is formed into a convenient handle of width and strength enough to use the force necessary to separate the jaws;—the other end is carved into resemblance enough to a spoon to justify its appellation, but which is really a wedge with curvilinear faces. Midway of the handle is an oblong excavation into which the liquid food is poured, and a channel extends from this to the point of the bowl or wedge. The point is inserted in a vacancy where teeth have been, or between them at a favorable point, usually about the first molares, and carefully worked in until the tongue cannot well be placed behind it, or a wedge may be also employed with it. The food is then cautiously poured from a pitcher or other vessel with a *nose* into the cavity, care being taken to desist whenever any is found to pass the *wrong way*.

This instrument which can be extemporaneously carved out by any person of common ingenuity ought cer-

tainly to obviate the horrible and discreditable examples, furnished every month in the year in the public prints, of individuals being permitted to deprive themselves of life by starvation, no artificial aids being employed.

A medical practitioner who in the present state of science should allow a patient to thus commit suicide would deserve to receive the utmost penalties of the law and of public sentiment for mal-practice, even if a more direct accessory implication in the homicidal act should be impossible.

The annexed sketch of a top and side view of the



wooden spoon (the dotted lines representing the channels for the liquid,) will convey the whole idea to any one having the ingenuity to carve one. The material may be oak, mahogany or other wood of adequate firmness.

The next method was probably the result of the discovery of the art of making hollow tubes over a netting of thread with caoutchouc. It was the passing of a large sized catheter through the nose into the œsophagus, and injecting the food by a syringe. The necessity of prying open the mouth is thus avoided, but the disadvantages are that the food must be in a stage of greater liquidity than is important, to pass through so small a channel, and the distress is greater in passing the instrument. In some cases where the teeth are so perfect as to allow no place for the wedge, and the power of the muscles is very great, it may obtain a preference. Where from the throat having been cut, or the existence of disease of the cavity of the mouth, the stomach pipe is inadmissible,

the practitioner will do well to bear in mind the facility of administering food by the nasal passages.

I have heard of the common tinned iron tunnel being used in institutions. It seems to me however a method so hazardous, so apt to inflict injury by its sharp edges, and so liable to produce strangulation, that its use is mentioned only to be deprecated. In public institutions at least, where two methods precisely on the same footing as to safety and efficiency exist, that should be selected which *appears* the least coarse and violent, and the apparatus for which is most costly and polished. In the latter case, friends and the public will feel that there has been a necessity, before anticipated and expensively provided for.

This last suggestion leads me to remark, rather in anticipation perhaps, that in using the flexible pipe with a certain class of subjects the extra inconvenience of using the stomach pump, rather than the clyster syringe, is more than compensated by the less distress to the sufferer's sensibilities. Where a refined and delicate female, under what to her is a heavenly call of duty, refuses food against the strong temptations of her own urgent appetite, against the tears and entreaties of her friends and with a knowledge that coercion will be employed, her feelings deserve to be spared from the nauseous associations connected with receiving her food from an instrument recognised keenly as adapted to different exigencies.

In cases where the determination is merely adventitious, to obtain some other end, the sight of the syringe may not always fail to be a turning argument !

The stomach pipe upon the whole, meets this necessity when it cannot be otherwise averted, with the fewest objections, and in hospitals of many patients with active disease, can never be wholly disused without sacrificing recoverable cases. In the cases of instruments of Eng-

lish manufacture, it is customary to put up a guard of box-wood to rest upon the teeth with a hole through which the tube is to be inserted, but in every day practice no doubt can exist that a simple wedge whittled from any moderately tough wood, made at an angle to suit the case, and used upon such part of the jaw as to endanger the least liability to occasion mischief, is the best instrument. In practice too much pains cannot be used to avoid disturbing even the most useless and valueless remnants of teeth, as many patients, even when recovered sufficiently to comprehend that their lives have been saved by the operator's skill and decision, will make themselves and perhaps their friends very irritable and unhappy at the possible fact that ancient and hinged stumps have been disturbed by the wedge. The sternest necessity, the most prolonged patience and the gentlest caution often avail nothing, when the idea is indulged that one's teeth have been "forced out by violence."

The tube is introduced with the utmost facility after a little practice, the forefinger of the left hand is inserted as far as practicable, making a guide against which it easily slips into the œsophagus, a slight curvature towards the end having been first made in the tube.

It would, of course, be easy to decide that the tube has entered the stomach, by the want of resistance. I have had no doubt from the sensation and passage of air, that the point of the tube has entered the *rima glottidis* in my hands, but I hardly conceive it possible that any practical error could occur from such misdirection.

The tubes imported for this purpose are of two widely different qualities. The one is composed of a single thickness, and is covered with a dark glossy varnish, which, however, cracks after a few trials, and renders it impossible to use the same instrument more than a few dozen times at the most. The other and better sort has double walls as if a smaller tube were inserted into

the larger, and is covered with a semi-transparent yellow varnish, the point being enlarged and stiffened, so as to prevent flexure and fracture at the point where the holes are left. Neither of these articles appear to have any caoutchouc in their composition, as alcohol of the ordinary strength dissolves the entire coating.

The last variety which costs about as much for each tube as the others do for the dozen, will last for many hundred applications; indeed unusual applications of violence excepted, one occasionally holds out for several years.

Different persons in using the pipe prefer different positions of the patient, the preference probably belonging rather to the habit employed, than any actual superiority of one mode over the other. I have supposed that a more favorable direction is attained when the patient is sitting in a large chair, an assistant supporting the head and managing the wedge, than when the patient is recumbent. In those cases of extreme opposition, there may be less hazard of injuring him when held on a bed.

In those long continued cases where it is necessary to give food by the tube, month after month, I regard a variation of the nutritive substances, to be very essential, in accordance with the well known experiments and observations of the necessity of *variety* in human food. I also had supposed that the less fluid the shape in which it could be administered, the better it was for the patient. Some years since, I made the trial of drying perfectly the lean of cooked meat, powdering it and passing it through a sieve of such fineness of wire that when mixed with gruel, arrow-root and the like, it would readily pass through the tube. It enables one to add animal food in another shape than infusion or decoction. The common biscuit or cracker may also be powdered, and if mixed and injected at once before it has time to swell, makes a convenient addition to the more solid kinds of food.

A change of milk, soup and arrow-root in succession seems to afford a sufficient nutriment in ordinary cases.

It has been a question frequently mooted whether an insane person could be kept alive for years, if the delusion were so long continued, through the agency of these artificial means. I do not know what the experience of others may have been in considerable fields, as to the duration of life under these circumstances. In two remarkable instances with us, female patients have been fed, the one eighteen months, the other nearly two years; the latter still surviving in good health and flesh, and bids fair to do so indefinitely.

In the first of these cases, the delusion was that the stomach was closed. Her opposition was, from first to last, always violent and decided, requiring the strength of two or three persons to confine her in the chair. She gradually acquired so much command over the muscles of deglutition, that at will a considerable resistance was made to the passage of the pipe. She was always intelligent, ready to argue, but when asked one day what had become of the barrels of food that she admitted from plain arithmetic had been pumped into her, if nothing had passed through her? she was silent, sulky but not convinced. She maintained her state fully until within about a week of her death, when she declined without marked symptoms. On autopsy, no marks of disease were found; the digestive organs were free from all traces of inflammatory or congestive action, and the brain and its membranes perfectly normal.

The case now pending has had an interval of a day or two when she voluntarily took food. Her delusion is not palpable. The suicidal intent is evinced in no other way, if it be designed in this.

She has passed through the late season, so pre-eminently rife with bowel complaints, in excellent health, and has become quite fleshy.

In several instances, in my experience, patients have recovered after having been kept alive by the use of the tube for several weeks, a change of volition then supervening. In one rather singular example, whenever the patient is removed to her friends, she wholly refuses food, and that for some weeks after her return to the Asylum.

The last, and indeed a very important improvement, which has been made in meeting cases of determined refusal, is found in the application of the anæsthetic agents. The muscles of deglutition are, as is well known, amongst those which are with most difficulty brought under etherization. By carrying on this process to a certain point short of entire insensibility, but yet so as to overcome the power of voluntary muscular efforts depending on those nerves directly under the control of the will, you will find your patient swallow, spoonful after spoonful, without difficulty. In certain cases where it may be supposed that if the patient is satisfied that it is useless to persevere, when he ascertains how impossible it is to effect his purpose, this well deserves a trial, as it avoids the painful necessity of using the force adequate to open the jaws.

There is a use of the stomach pipe which I have not known to be employed by others, but which in a single instance in my hands, proved to be invaluable, inasmuch as I am satisfied a life was preserved through its agency.

Some years since, a female patient suspended herself for a sufficient length of time apparently to have extinguished life. The pulse was gone, and the respiratory action had ceased. Blood-vessels were opened largely, in the hopes that the congestion might be so far relieved as to give the heart an opportunity to act, but no blood flowed. The ability to swallow was entirely suspended. Under this unpromising state of circumstances, the pipe was introduced into the stomach and a couple of ounces

of brandy at once poured in. There was sufficient irritability of the nervous structure left to respond to the stimulus. The heart commenced its struggles,—at first few and far between,—the blood began to flow from the orifices, and under a patient persistence in all the customary measures, the sufferer was eventually resuscitated. A total oblivion of all the circumstances connected with the suicidal attempt was found to exist, and at this hour she remains wholly unconscious of her attempt and its consequences.

ARTICLE III.

LETTER FROM THE ENGLISH COMMISSIONERS OF LUNACY TO THE LORD CHANCELLOR, IN REFERENCE TO THEIR POWERS AND DUTIES.

[We insert this letter here as it contains views respecting the care and treatment of lunatics, and the duties, powers, and practice of the commissioners that we wish to place on record. The case, on the trial of which the opinions referred to were given by the Lord Chief Baron, attracted much attention, and was widely published in this country. We are indebted to Dr. Bell for a copy.—*Editor Journal of Insanity.*]

*Office of Commissioners in Lunacy, 19 New-st.
Spring-gardens, July 4, 1849.*

TO THE RIGHT HON. THE LORD HIGH CHANCELLOR.

MY LORD,—Under ordinary circumstances we should not, in this form, trespass on your lordship's attention. But certain dicta and opinions which have been recently attributed to the Lord Chief Baron of the Exchequer, relative to the law regulating the care and treatment of lunatics, and the duties of the commissioners in their

behalf, appear to us so seriously to affect the interpretation and application of the law by which we are governed, that we feel called upon by a sense of duty to point out in this letter to your lordship (under whose authority more immediately we have the honour to act) the great evils to society which would ensue from their acceptance and adoption as a practical rule.

The dicta and opinions now referred to are stated to have fallen from the Lord Chief Baron on the trial of a cause, *Nottidge v. Ripley*, at which his lordship presided, and to have been enunciated, partly by way of comment on the evidence of certain of the witnesses, and partly in his charge to the jury.

They have attracted much public notice, in consequence of the very singular circumstances and history of the case; they are not likely to be subjected to further discussion or review before a higher legal tribunal; and coming as they did from a judge who holds so eminent a position as the Lord Chief Baron, it becomes peculiarly important that we should lose no time in offering such observations thereon as appear to be called for by the circumstances.

In the course of the trial (as reported in the newspapers of the 25th, 26th, and 27th of June last), the Chief Baron stated his opinion to be, that no person ought to be confined in a lunatic establishment, unless "dangerous to himself or others;" and further, that the members of this board were bound to liberate every person not thus dangerous. He also expressed an opinion that a commission of lunacy ought to have been taken out in the case, and intimated that, without such commission, the party confining Miss Nottidge had not "the sanction of the law."

The dicta and opinions here ascribed to the Chief Baron are, we respectfully submit, likely seriously to mislead the medical profession and the public.

We would first refer your lordship to the act of Parliament under which this commission is constituted, and by virtue of which persons of unsound mind are legally placed and detained in licensed houses and other lunatic establishments for the treatment and cure of their disease.

It will be observed that the object of this act (8 and 9 Vict. c. 100) is, the "care and treatment of lunatics" generally, and that it is not limited to any particular class of lunatics, whether dangerous or otherwise. Indeed, the whole tenour of this and of the County Asylum Act (8 and 9 Vict. c. 129) shows that these acts extend to lunatics of every description, and that dangerous lunatics are only occasionally noticed, where it is necessary to except and distinguish them from the rest. The act, as set forth in its title is, "An Act for the Regulation of the Care and Treatment of Lunatics;" and the word "lunatic" is (s. 114) defined to mean "every insane person and every person being an idiot or lunatic, or of unsound mind;" and in the statement annexed to the order authorising the patient's confinement, one point of inquiry is in these words:—"Whether suicidal or dangerous to others;" thereby denoting that patients who are not included in that class are equally subjected to the provisions of the act. The same observation applies to the County Asylums Act (8 & 9 Vict. c. 186), where (ss. 27 and 47, and schedule D) dangerous lunatics are also referred to as forming part only of the body of insane persons, whose confinement and treatment in lunatic asylums are thereby authorised.

The object of these acts is not, as your lordship is aware, so much to confine lunatics, as to restore to a healthy state of mind such of them as are curable, and to afford comfort and protection to the rest. Amongst the many persons confined as being lunatics or of unsound mind, those who are manifestly dangerous, that is

to say, those who, by some overt act, have already proved themselves to be dangerous, are comparatively few in number, the far more numerous classes consisting of—1. Those who are sent to lunatic establishments for the purpose of treatment, with a view to the alleviation and cure of their malady. 2. Those who, from disease of mind, are incapable of self-government, and who therefore require, at certain periods (or perhaps generally), the most careful supervision and control. And 3. Those who are incapable of taking care of themselves or their affairs, and are likely, therefore, to sustain serious injury if left at large and unprotected.

It may reasonably be asked, what would become of all these large classes of the insane if set at large, in conformity with the Lord Chief Baron's opinion?

It is well known that all commissions of lunacy are founded, not on the party being dangerous, but on the fact of his being insane, and incapable of managing his own affairs; and yet, every one who is found lunatic by inquisition is placed under the care of a committee of his person, who thereupon possesses the entire control over the lunatic, and may keep him in confinement so long as the commission remains in force.

If, in practice, the class of insane patients placed in confinement was limited to such as had previously exhibited some dangerous tendency, the main purposes of the Legislature, in the statutes now in force, would be frustrated, and a most fearful hazard be incurred. For, inasmuch as the tendency to danger first shows itself more frequently in the later than in the earlier stages of the disease, when alone such disease is likely to be cured, a large proportion of patients of this class would be deprived of the benefit of proper curative treatment until after they had placed either themselves or other persons in peril, and had not improbably (owing to the lapse of time) become themselves incurable.

Moreover, the difficulty of ascertaining whether one who is insane be dangerous or not is exceedingly great, and in some cases can only be determined after minute observation for a considerable time. It is the general opinion of experienced persons, that whenever an insane delusion exists, the patient can in no case be considered as otherwise than dangerous, although the tendency may never have been actually exhibited by overt acts or expressions; and, in our own experience, we have known patients whose disorder has appeared to have abated, and who have been treated as harmless for a considerable time, but who, nevertheless, upon some sudden and apparently unprovoked impulse, and without betraying any preliminary violence or irritation, have attempted, and in some instances have effected, the destruction of themselves or others.

In the cases of monomaniacs, and patients suffering under religious and other delusions (not apparently tending to any dangerous result), we have known repeated instances of their attempting and committing self-destruction, homicide, and acts of violence, owing to some imaginary sentence of condemnation, or under the influence of some imaginary voice or spirit.

In the majority of cases which come under the cognizance of the commissioners, they have little difficulty in satisfying themselves as to the state of mind of the patient; but cases of nicety and difficulty occasionally arise, exhibiting such peculiarities, and differing so decidedly in some respects from all others, that the commissioners in dealing with them, have been unable to lay down any general rule or principle for their guidance. In no case have they decided that opinions, however wild or extravagant, which were common to any class or body of persons, either in reference to religious belief or otherwise, constituted or amounted to insanity. And in no case have they decided that a patient was insane

because his symptoms resembled, in a greater or less degree, those of other patients whom they have previously known; but they have considered each individual case as depending upon its own special circumstances, and have formed their judgment accordingly.

We now beg to address a few words to your lordship with respect to the powers and duties of the members of this commission—a matter which appears to have been much misunderstood.

Amongst the multifarious duties of the commissioners, one is to discharge patients when “detained without sufficient cause;” of the sufficiency of the cause the commissioners are by law constituted the judges, and they endeavour to form the best judgment in their power in each particular case, when the subject comes before them. Thus, if a patient be placed in an asylum without just cause, without having been of unsound mind, the commissioners are bound to discharge him. So if a patient (originally a fit subject for confinement) be recovered and restored to a sound state of mind, the commissioners are obviously bound to discharge him, if the person under whose care the patient is placed, or the relative who originally authorised his confinement (for upon these primarily the duty devolves), has neglected to do so. But a person labouring under an insane delusion is not detained without a sufficient cause.

Under peculiar circumstances, where, after sufficient observation; a patient, although of weak or unsound mind, appears to be perfectly harmless, the commissioners frequently promote his liberation, if he have a comfortable home, or any friends disposed to receive and protect him and his property from injury; but, where this is wanting, the commissioners do not think themselves justified in removing the patient from the shelter of an asylum, and leaving him at large and unprotected. They consider it to be quite clear that they

are not bound, as a general rule, to speculate upon the chance that a patient who, in their opinion, is still insane, will be perfectly harmless if at large, and to liberate him accordingly.

The person signing the order for a patient's confinement (generally a relative or friend) not unfrequently, indeed, takes upon himself the responsibility of liberating the patient whilst still under a delusion, and before recovery, and the commissioners have no right, and never attempt to interfere. The consequence of a premature discharge of a lunatic patient, however, is frequently a relapse, and should as much as possible be avoided. Even with all the caution now exercised by the medical officers of asylums, many of whom possess great experience, and have daily opportunities of watching the process of recovery, it has been found necessary to readmit, within a short period, many patients whom they have discharged as recovered.

The power of liberation vested in the commissioners is one involving great responsibility, and in our judgment ought to be exercised only after grave consideration, and with much caution. Every person placed in confinement as a lunatic must *primâ facie* be presumed to be insane. Before a private patient can be legally detained in any house, there must exist an order (signed by some friend or relative), two certificates from different medical practitioners, who have each separately examined the patient, and also a third certificate or statement from the medical officer of the establishment, all expressing the condition of the individual as of unsound mind, and a proper subject for confinement. It would argue great rashness and imprudence, to say the least, on our parts, to determine on the immediate, or even the very speedy, liberation of a person so certified, unless we had reason to suppose that the certificates had been fraudulently obtained, or we were strengthened in our own impressions by the

opinion of the medical officers having the care of the patient, that the confinement had from the first been improper, or that the nature of the malady was such as is usually of short duration, and that a perfect cure had been effected. Although in a few cases of acute mania the disorder is sometimes of short duration, yet where there exist actual delusions, the process of recovery (if ever it takes place) is slow and gradual, and the question as to the probability of cure can scarcely be determined satisfactorily until after a considerable period has elapsed.

The opinion attributed to the Lord Chief Baron, that a commission is necessary in all cases, in order to give the confinement the sanction of the law, appears to call for some remark. It is hardly necessary to observe, that proceedings by commission are, generally speaking, advisable only where the insanity is likely to be of a permanent character, and the property of the lunatic is of such a nature as to require them, and of an amount adequate to meet the expense, always considerable, and, when the commission is contested, frequently very great.

Wherever a reasonable hope of recovery exists, and the income of the lunatic can, in the meantime, be properly administered for his benefit without a commission, the general practice amongst the friends and relatives of the insane is to avoid resorting to proceedings which entail unnecessary cost, which, by the disclosures they occasion, are most painful to the feelings of the family, and which by the excitement they produce, are sometimes injurious to the patient himself.

It is obvious that the finding of a jury is in no case essential, in order legally to justify the confinement of a person of unsound mind. In fact, out of 4,028 private patients (many of them possessed of considerable property) who were confined in asylums on the 1st of January, 1848, only 245 had been found lunatic by inquisition.

To revert to the opinion stated to have been expressed by the Chief Baron, that no person should be placed or detained in any lunatic asylum unless he be dangerous to himself or others; upon this point it is of vital importance that no mistake or misconception should exist, and that every medical man, who may be applied to for advice on the subject of lunacy, and every relative and friend of any lunatic, as well as every magistrate and parish officer (each of whom may be called to act in cases of this sort) should know and be well assured that, according to law, any person of unsound mind, whether he be pronounced dangerous or not, may legally and properly be placed in a county asylum, lunatic hospital, or licensed house, on the authority of the preliminary order and certificates prescribed by the Acts 8 and 9 Vict. c. 100, or c. 126, as the case may be.

The order and certificates thus obtained show that the person mentioned therein is either a lunatic, an idiot, or a person of unsound mind, and a proper person to be confined, and fully justify all parties in the matter, and enable the proprietor or superintendent of any hospital or licensed house to plead them in defence to any action, and are, in the words of the statute, a justification for "taking, confining, detaining, or retaking" the patient (see 8 and 9 Vict. c. 100, s. 99.).

If all lunatics and persons of unsound mind, except such as had previously manifested a dangerous tendency were to be excluded from the care and treatment provided in lunatic establishments sanctioned by law, for the benefit of the whole class, the most lamentable consequences must ensue.

In respect to pauper lunatics, it has already been the subject of almost universal complaint that the number of such lunatics has been multiplied, and the country burdened to a prodigious amount, because the poorer class of lunatics have been allowed to remain at large, or

kept in work-houses, deprived of that medical treatment which a lunatic establishment, properly managed, is best calculated to afford, until their malady has become incurable.

The misery to lunatics' families, and the great cost to the various parishes and counties consequent on this course, it would be difficult to exaggerate.

In regard to private patients, if not placed for cure or care in some lunatic establishment, they must be kept at home under every disadvantage to themselves, and be the cause of great and unnecessary expense, and of inexpressible annoyance to their families. The first, and an essential proceeding, with a view to cure, is, generally, to detach the patient from the scenes and associations in the midst of which his disorder has arisen. If he were to remain at home this could not be effected; the proper treatment and accommodation could not be obtained, inasmuch as separate apartments, separate attendants, and daily medical supervision are necessary, and these in ninety-nine cases out of a hundred would be beyond the means of the patient's family to afford. Again, the habits and the general conduct of patients under the influence of mental disease are frequently so violent, and at times so offensive, that it would be to the last degree cruel and unjust to expose the other members of the family to them; more especially when there are children, whose minds might receive a shock, and perhaps be incurably injured, by continually witnessing the paroxysms or maniacal extravagances of a lunatic. Equally unjust would it be to suffer the infirmities of the patient himself to be exposed to the gaze of all the members of the household, and, in many cases, to the notice and comments of the neighbourhood and of strangers. There are cases of insanity, as your lordship is aware, in which the most distressing symptoms appear, in which the character of the individual, for a time, becomes altogether

distorted; his habits filthy; his expressions and general conduct disgusting.

There are also cases of females, suffering under a form of mental disorder well known to the medical profession, in which, from disease, not only the words, but the actions become absolutely uncontrollable, where the original and real character is for a time altogether subverted, and all modest restraint and decency are abandoned.

The want of moral control, indeed, is one of the most common symptoms and indications of insanity; and the actions and expressions of a large number of patients, suffering, at certain periods, under maniacal excitement, are of such a nature that it becomes an imperative duty to protect and shield them from observation as much as possible. The privacy indispensable in cases of this sort can only be properly afforded in houses adapted for the purpose of receiving lunatics, who, there, at least, are secluded from the observation of all persons, except those under whose care they are immediately placed, and are generally exempted from that mechanical restraint or coercion of the person which, if they were confined at their own homes, must frequently be inevitable.

There are cases, also, where the presence and example of the patient, if at home, would probably lead to the most distressing and dangerous consequences amongst other members of the family, more especially amongst those of a sensitive and nervous temperament. These remarks respecting private patients apply (as indeed is obvious), not merely to those who are dangerous to themselves or others, but to all insane persons whatsoever, of every class and character, including many who, so far as their acts are concerned, might be denominated harmless.

Persons of unsound mind, therefore, whether dangerous or not, are placed in lunatic establishments; some

remain there after they are apparently much relieved, because their disease is of a recurrent nature. Others remain there who, although labouring under delusions, are apparently harmless and generally well conducted, so long as they are under proper control and supervision, but who exhibit their former insane propensities and infirmities the moment that this control and supervision are withdrawn. There are numerous cases, within our recollection, where patients thus circumstanced have been taken out of lunatic establishments upon trial, but who, after a short intercourse with the world, have again exhibited maniacal excitement or mental incapacity, and have for the sake of their own safety and welfare been re-admitted.

We have felt it our duty to submit the foregoing observations to your lordship, for the purpose of putting you in possession of our views and opinions, as set forth in this letter, and of explaining to your lordship the course which we have hitherto pursued, and which we feel bound to continue to pursue, in the exercise of the delicate and responsible functions entrusted to us by the Legislature.

On behalf of the Commissioners in Lunacy.

(Signed) ASHLEY, Chairman.

R. W. S. Lutwidge, Secretary.

From the Morning Post, of Aug. 17.

ARTICLE IV.

HOMICIDAL INSANITY.

TRIAL OF ASHBEL KELLOGG FOR THE MURDER OF HIS SON,
AT YORKVILLE, MICH. AUG. 6TH, 1849.

October Term of Kalamazoo County Court.

THE PEOPLE *versus* ASHBEL KELLOGG.

HON. H. G. WELLS, Presiding.

Attorney for the People, J. MILLER, Esq.—Attorneys
for the Respondent, Messrs. WALCH, CLARK, and
STUART. *Plea*—Insanity.

THE JURY.—F. W. Curtenius, A. Mack, S. Trobridge,
W. S. Delano, E. Easton, S. S. Cobb, C. Sweetland,
H. Church, J. Milliam, J. Allen, W. Price, A. B. Brown.

The examination of evidence commenced on the 19th.

Dr. R. H. Hawley, sworn—I am a physician and surgeon; was acquainted with the respondent and with the deceased; reside at Yorkville. On Monday, the 6th of August last, at 9 o'clock at night, found deceased in respondent's store, lying on the floor, with an old cloth under his head; persons had been there before me; there were two fractures on his head, one before, the other behind, rather on the left side; also, a wound; the back fracture was one and a half inches long by three-fourths of an inch wide, and the other about the same size. Deceased was taken to respondent's house; was with him Tuesday and Wednesday following. The injury was sufficient to produce death. Was with deceased on Monday night and most of Tuesday; do not think he ever had his reason after he received his

wounds; he never spoke—think he realised no pain. Yorkville is in this county. The fractures caused his death; saw deceased's corpse on Wednesday evening.

Cross-examined—Have lived at Yorkville one year; became acquainted with respondent three years ago; have been frequently in his store, but was not familiar with him.

John Hultz, of Yorkville, sworn—I saw the respondent on the bridge Monday evening; asked him if he was fishing; he told me he had been washing; he was bare headed, and coat off, and went up the hill. From thence witness went to Eldred's; found him in bed; told E. that respondent acted strange, and thought he had better see to him; he got up; next witness saw of respondent was at Eldred's house; when witness came in, he said, "Mr. Hultz, I have killed William; he is in the store, and lays there in his blood; I wish you to go down and burst the door open and see him;" this was about 9 o'clock at night; went to the store directly, and found the deceased as described; there were other persons there then; he was alive; we washed him, and he revived. In the morning we found the axe on the bridge, with blood and dew on it, that ran off when we raised it up.

The cross-examination elicited nothing material.

John H. Webster, sworn—Kept the Yorkville House last August. Respondent, the Monday of the fatal tragedy, got an axe of me which I did not see again till it was shown me at the inquest.

Cross-examined—Lent the axe at twilight.

Here the prosecution rested, when were produced for respondent, the following witnesses:—

Mumford Eldred, sworn—Has known the respondent since 1844; he came in the stage from Battle Creek to Richland. I then talked about selling him some property at Yorkville; again he came to my house, June

12th, 1846. I sold him then a half of my mill, store, tavern, lumber and goods; he returned Jan. 1847, and has been there most of the time since; in Jan. 1847, his capacity as a business man was first rate—great industry, wholly engrossed in business, perfectly systematic; in June, 1847, he was at Kalamazoo; I met him there; he desired me to come up to his room; I went up; he closed the door; after some time he said he had been tempted to take his own life; said he had been tempted that morning; said, “O, my poor son, my poor daughter;” he said that it was a mean thing for a man to kill himself, &c. In the winter following, he had a poor turn; he looked wild at me, at the store, and said, “O my poor daughter.”—July last we repaired a saw mill; he was constantly with the hands; got the ague; stopt going out among the hands. When at the store in July, he said frequently, “we have not a pound of flour in the mill;” I told him there was 100 barrels there. I had been to Buffalo, and had not been home 10 minutes, when he came to my house, and asked me if I had seen a man from Buffalo; he looked wild, and said a man had informed him that all the people at Buffalo were starving to “death.” There was no man from Buffalo. I came home one evening—met respondent at the store; he said, “I am bad;” he had a fever; I proposed to go for the doctor; he said no; he told me that he had a chill that day; I went home—talked with my wife about him. In three quarters of an hour Mr. K. came and rapped at my door; I immediately followed after him; he had gone up towards the head gate; I followed him into the water; I went in and caught hold of him, and told him I would drown with him, if he did not come out; he said he ought to drown—“he had killed his son William; that William was at the store weltering in his blood;” we went to my house; his son Loyal came in, and respondent said, “I intended to have killed you;” he also said, “I

came to your house, but I supposed you suspected me ; we all ought to have gone together." Since July last, he has been ill most of the time ; he seemed to have lost his energies ; did not recognize persons he was well acquainted with ; when he boarded with me he was restless at night ; he told me he had difficulty in making his urine, and that he was troubled with spooks ; that they were in the room, and that the number would narrow down to his sons and his daughter ; when he said there was no flour in the mill, he told me if there was flour in the mill, to take fifty barrels to the house ; I have noticed that his urinary discharges during the night were very large ; he complained of indigestion frequently. Letters presented are in the hand-writing of respondent, and I found them in his desk ; he had no access to the desk, from the time of the death of William until I took the letters in my possession.

Cross-examined--Respondent gave as a reason for killing William, that he would starve to death unless he did so. William was said to be 29 years old. I was sworn before a magistrate on respondent's examination ; since William's death, I purchased the property at Yorkville from respondent for \$8,000 ; gave him a mortgage to secure payment. I was at Kalamazoo the day the death of William occurred ; I had been at home a week at least before the 6th of August, 1849, and prior to that time, at Buffalo 10 days.

Dr. Uriah Upjohn, sworn—Has known respondent two or three years ; I reside in Richland ; have attended him as his physician ; I have seen him frequently during my acquaintance ; have noticed nothing in his conduct that indicated insanity ; I am a practising physician, and have been since 1834 ; I have been frequently consulted by respondent ; he has consulted me as to a urinary difficulty, also, as to dyspeptic symptoms ; I concluded he had been troubled with worms ; he admitted he had ;

I thought his brain was affected by disease, and that the disease of the kidneys was sympathetic; he was always rational in conversation with me; I saw him the day after the death of William; he was feverish, and there was considerable vascular excitement of the brain; I bled him in the evening of the same day; his pulse was frequent and hard; his extremities cold—a usual symptom of a brain excitement; he was dull of apprehension in the evening; did not hear well; blood indicated inflammatory condition; I have frequently examined insane persons; had such as patients; spent 10 months in hospital practice, and frequently visited the Bloomingdale Lunatic Asylum.

Cross-examined—Respondent complained of wakefulness at night, long before the occurrence; I made him a prescription for this some six months before.

David Stafford, sworn—Has known respondent more or less for 25 years; I lived at Syracuse—respondent at Salina; I went into partnership with him in 1844, and continued until 1846; I knew him as a cashier of the Bank of Salina, in 1832; his capacity for correctness and integrity, was considered good. In July, 1844, he came to Constantine; his son Loyal, came in April before; he expressed a strong desire to establish his son Loyal, in business; always spoke of William with a great deal of feeling and affection. The last year he lived at Salina, his daughter became insane, and was taken to the Insane Asylum at Utica;* since hearing Eldred's testimony, I now recollect of noticing his vacant stare.

Cross-examined—In May, 1846, I settled with him; I did not then notice any difficulty; I saw William in June or July last, in Salina; he said he would go back to his father, if he had control of all business at Yorkville; that he did not like Eldred's method of doing business;

* She is still insane, and a patient here.

have heard respondent say that William's conduct disqualified him as a clerk in the Bank.

Evert B. Dyckman, sworn—I have known respondent 25 or 30 years. I lived at Liverpool—he at Salina, three miles apart; I have done considerable business with him; he was considered one of the best business men in the country; I done business with him 14 years. I have met him since; I have been in Michigan three or four years; saw him frequently in Detroit, in 1847; thought then he had failed in capacity; he did not appear so prompt; he would stop in the middle of his conversation.

John D. Bachelor's evidence went to show that respondent had lost some of his faculties—viz. At one time not a long time ago, he could not tell the value of an English shilling, and turned over a half dollar several times before he knew how much it was. He was not a man easy of approach.

M. O. Stafford testified to respondent's absence of mind and despondency; always took him for an even-tempered man; never saw him in a passion.

Randall Crosby, sworn—Had known respondent for 35 years, as an excellent business man; went to Yorkville with tax-list, in 1847; he did not act as he used to. One week before his son's death, he came with a draft on me for \$50; I went to the mill to get the money, and in five minutes thereafter met him, and told him I had the money. He said, "What money?" He stepped up to me and said, "Is this Mr. Crosby?" I answered yes, and then he recollected me. I was acquainted with his father; should think he died when about 65 years of age; his father was insane; was in this condition more than a month before he died; part of the time out about.

Cross-examined—Respondent told me a month before William's death that he had spent \$1500 in 12 months, and said he was a great spendthrift.

Daniel Campbell testified that he had observed singular conduct in respondent.

Mrs. L. Kellogg testified that three months before William's death she had noticed the wild look of respondent. She had been married 18 months, and respondent lived with them; she had noticed the same conduct in him every few days since, his wild manner seemed to increase—One afternoon he came in and inquired for breakfast. The day William was killed he came frequently and inquired for Loyal. I told him he was in the cellar. He went and sat on the steps till dinner watching Loyal. In the afternoon he went to his room, and walked the floor—we heard him groaning. He appeared more wild on the day of William's death than at any time before. He was uniformly kind to his sons, and I never saw him in a passion.

Jane Newman corroborated the testimony of the last witness.

Mrs. Eldred testified that respondent said, "my poor boy must have starved to death, you ought to have permitted me to have drowned." He always spoke kindly of his sons; he said William had no faculty to get a living.

Cross-examined—He said he struck William with the head of the axe three times.

Dr. J. A. Allen said that all the symptoms as developed by the evidence and his own observation, indicated partial insanity in the respondent; this partial insanity increases gradually, and in partial insanity the memory frequently remains good.

Dr. Freeman corroborated the evidence of Dr. Allen.—I think a man might be partially insane on one subject, and sane on all others.

Dr. Upjohn, recalled—I considered respondent partially insane for a month previous to the occurrence.

The prosecution then introduced several other witnesses, whose evidence did not materially differ from those heretofore examined, and gave no new facts, only that the respondent admitted to Ide, that "he had contemplated killing William a week before he done the act."

The cause was ably conducted by the counsel and submitted to the jury on Monday the 22nd ult. who after about an hour's deliberation, returned into court with a verdict of NOT GUILTY.

Kalamazoo News.

ARTICLE V.

THE CASE OF CHARLES SPRAGUE.—*Reported* *by C. H. NICHOLS, M. D. Physician to the Blooming-* *dale Asylum for the Insane, New York.*

ON the 10th of October, 1849, CHARLES SPRAGUE was tried on an indictment for highway robbery, and acquitted on the ground of insanity; the trial taking place before a Court of Oyer and Terminer of King's County, N. Y., held in the City Hall of Brooklyn, Judge N. B. Morse, presiding.

Prosecuting attorney, H. B. Duryea, Esq.; counsel for defendant, John Dikeman and Alden Spooner, Esqs.

Deeming this case a clear one of irresponsibility on account of mental aberration, and one of at least as much psychological as forensic interest, it is not my purpose to

give the particulars of the steps of this trial, but to make a suitable record of the history of a very singular case, of which its criminal relations are only an incident.

It may not be improper for me to state that I was present at this trial as an *expert*, and that I have derived all my knowledge of the case from the testimony of the witnesses examined on the occasion under oath.

The principal witness was the defendant's father, a clergyman of the highest respectability, whose testimony was corroborated in every particular by several other witnesses, indeed by all the Court thought it worth while to have brought forward.

Charles Sprague's paternal great grandmother, grandmother, great uncle, and three great aunts, being four out of a family of six, and a cousin, are or have been insane; a brother of his father is subject to fits of very excessive and apparently uncontrollable passion, and a sister of his has sudden paroxysms of intense groundless fear, and at such times is soothed with great difficulty.

When Charles was about seven years of age he received upon his head a blow from a hoe, but it was not at the time supposed that the skull was injured; soon after this he fell from a height, bruising his head to some extent, and knocking out several of his teeth; and when past twelve he again fell from a balcony, striking in part upon his head, but the concussion was not at the time deemed alarming, for in the course of a few days after the accident he went out to his school and play, and appeared as well as usual.

In the course of the year succeeding the last fall, however, he began to complain at times of pain in his head, and when suffering from headache, his friends observed what his father describes as an unnatural prominence and dullness or glassiness of his eyes, and though the headache gradually wore away, this peculiarity in his expression continued to recur for years, at intervals varying

from one week to several months, till it is now thought that there is a settled change in his eyes to greater prominence or convexity of the globe, than was the case in early boyhood. There has at no time been any unusual enlargement of the head or change in shape. Simultaneously or closely succeeding the first appearance of the occasional headache and strangeness in the expression of his eyes, there began to be developed a propensity of mind or occasional conduct, of its kind most extraordinary and unaccountable.

The *shoes* of the female members of the family were from time to time missing under circumstances most surprising and inexplicable. It at once appeared that they could not have been taken for use, for, though both of a pair were sometimes lost, in the majority of instances one only was gone, and it was usually found about the house, having been thoroughly soaked in water, twisted up like a rope, and then hid away between the feather and straw bed, or in the depths of a trunk, or hung up in a clothes closet with garments hung about it on the same hook as if to conceal it.

After much fruitless inquiry respecting the perpetrator of this mischief, a servant girl was accused of it, but she firmly denied it, and there the matter rested for a time. It was not long, however, before a shoe was missing under such circumstances, as to render it quite evident that Charles had taken it and disposed of it in the manner before mentioned. When questioned upon the subject he hung his head and was silent, and he again and again repeated the act and was as often interrogated concerning it, but invariably with the like unsatisfactory result. After this mysterious habit had existed for a year or two, an attempt was made to break him of it by reproof of various kinds, and then he only broke silence in efforts to evade the subject, not to make any explanations regarding it. And at a later period he would wholly deny the possi-

bility of his having taken a shoe as alleged, but for the last half dozen years he has said when remonstrated with on account of his indulgence in a habit so singular and inconvenient, and the circumstances of the loss of a particular shoe stated, that he *must* have taken it though he had no recollection of the act and did not know what he wanted with it.

This habit of taking the shoes of females commenced at the time stated above, and has continued up to the present moment, without, it is thought, any intermission of more than three or four months duration. After the practice became established his mother and sisters and the female servants in the family made it a point to place all their valuable shoes under lock and key, but notwithstanding their precautions he occasionally succeeded in possessing himself of them, and when a shoe was missed it was usually, sooner or later, discovered in some by-place about the house, having been wet and twisted or crumpled.

There was at one time a rumor in the family that this singularly affected son had attempted to remove a shoe from the foot of a servant girl in the house; and on one occasion, hearing a loud scream in the middle of the night coming from the floor on which he and his sisters slept in contiguous bed-rooms, his father jumped from his bed, ran to his daughters' room and was informed by one of them that Charles had been in their room, and without the aid of a light, turned the key of a drawer, taken out a pair of shoes which lay purposely concealed in a quantity of clothing, and then had come to the foot of her bed and pinched one of her toes. At this juncture she screamed, and her brother immediately dropped the shoes at the foot of the bed and repaired to his own room, where his father found him in bed.

This propensity continued to manifest itself in the manner now described, till in the early part of the present

year two females residing in the city had each a shoe or shoes taken off her feet while walking in the street in the evening, but who the offender was in those cases was never known, nor is it now. but they are mentioned as being analogous to that about to be described, and it may be that one individual was concerned in them all.

Sometime in July last, Mr. C. Sprague's wife recollects that she purchased a pair of shoes for a particular occasion and when she wanted them they had disappeared, and though it was a riddle to her, it became evident to his father, who was then boarding with him, that their disappearance was due to the exercise of his old propensity.

In August last Mr. Sprague left his house immediately after breakfast to go to his business, (that of a printer) and in a few moments after was seen walking towards his house instead of towards his office, for which he had set out, and to overtake a young lady, throw her down, snatch the shoe from one of her feet, and, on an outcry being made by several persons who were hard by, run away. The young lady wore a chain and locket and other jewelry in sight, but he did not offer to take anything from her person but her shoe, nor did he do violence to her person in any respect or degree. Running, he proceeded round a square, and on his way called at his wife's father's and asked if his father was in town, a matter upon which he was perfectly well informed, then left the house, came directly back to the very spot where he had just taken the shoe, and continued on without stopping to his place of business. He was soon arrested and taken before a magistrate, and when interrogated in regard to the shoe, he said he had changed his coat after going to the office, and that the shoe was in the pocket of the one he had taken off, where it was found. After the requisite process he was committed to prison to answer the charge of highway robbery, and on

the return to the city of his father who was absent at the time of the unfortunate occurrence in the street, he was admitted to bail in the sum of \$5000, and on the 19th of October his trial took place, as stated at the opening of this paper.

The relations between Mr. S. and his father had always been particularly genial, frank and confiding, and when they met the first time some days after the robbery, the former burst into tears, and the following dialogue took place, which I give in detail, as indicating the state of the young man's mind during the commission of the act in question:—

“ Well, Charley, this is the same old thing ?”

“ Yes it is, father.”

“ What can you say about it ?”

(Charles looking into his father's face with an expression of perfect ingenuousness and honesty) “ Well, father, I don't know much of anything about it except what they (those who witnessed the deed) told me.”

“ You don't deny that you did it, do you ?”

“ No, not at all.”

“ Tell me, my son, just what you do remember about it.”

“ I think I was going along the street and caught sight of a shoe, and it flashed into my mind like lightning that I wanted it, and I dove for it.”

“ But what did you want with that shoe ?”

“ I don't know what I did want with it.”

“ You know you have for years been in the habit of taking your mother and sister's shoes—what did you *ever* want with a shoe ?”

“ I don't know, father, what I ever did want with one.”

“ How did you get the girl down ?”

“ Don't know anything about it, only they told me I did get her down ”

“Did you strike her or trip up her heels?”

“Don’t know. *The whole affair is a kind of haze before my mind.* The first perfectly distinct recollection that I have of what took place that morning, is of being near the printing office after the affair with the young lady, about half a mile beyond where it occurred.”

During the period which elapsed between Mr. S.’s arrest and final trial his mind was at times so much agitated that his friends were not a little apprehensive of mental disease in its more common forms, and great pains were necessary to calm and soothe him, particularly in his anxiety respecting the issue of his approaching trial, and his old propensity was more active than for some time past. On one occasion his wife fell asleep while sitting in an easy chair, and when she awoke she perceived that one of the shoes she was then wearing, had been taken from her foot during her sleep. Making immediate search of the person of her husband, who was present, she found the missing shoe tucked into the leg of one of the boots that he then had on. At another time missing one of her shoes, she sent a messenger to the office where it was found in Mr. S.’s coat pocket.

Mr. Sprague’s moral character has been singularly faultless, unless the propensity to take shoes be excepted. He has never been known to drink a glass of spirits, to use a profane word, or to keep vicious company. He has never been known to utter a falsehood in any other than a shoe case, or to take anything wrongfully except shoes. Nothing in his manner has ever afforded the least warning of the time of committing the acts in question, or betrayal of them after their commission. He has all his life resided either in his father’s or brother’s family, or kept house himself, and except the instance in the street, it is not certainly known that he has ever taken a shoe that did not belong to some member of the family of which he formed a part, and his friends are not aware

that he has ever taken any but *women's* shoes. Of the hundreds of instances in which he has exercised this unique propensity, he has been *seen* to take a shoe only twice; once when he went to his sisters' lodging room at night, and took a pair of shoes hid in clothing contained in a locked bureau drawer, and again when he snatched a shoe from the foot of a young lady, in a broad open street, in the day-time and in the presence of many spectators.

As it respects Mr. S.'s intellectual character:—Their father designed giving both his sons, this one and another a year or two older, a collegiate education, but it becoming quite apparent that study was neither attractive nor easy to Charles, though his inaptness for learning was by no means greater than is very common with minds whose integrity is never in the least suspected, the original design was abandoned, and, instead, after obtaining an education ample for business, he in accordance with his own wishes was bound as an apprentice to a printer. Pursuing his chosen calling uninterruptedly to the present time, first as an apprentice and then as higher journeyman, he has uniformly maintained a high character for integrity, regularity of habits and general efficiency. As the only drawback on this commendation, it is stated that when much hurried with irregular and unexpected jobs, he is apt to become confused and is unable to proceed until his mind becomes collected by a short relaxation. Knowing that he inherited a tendency to nervous derangements, after the development of a propensity so objectless in any rational point of view, his father apprehended that his mind was not well balanced, but aside from the one particular described, there has never been any mental manifestation, or any habit, that would of itself have raised the suspicion of insanity.

Mr. S. is most respectably married, and has one child.

The reader familiar with mental pathology will perceive that the case whose history is now given, is distinguished by several peculiarities not usual in monomania,—the denomination of that class of diseases to which I have supposed this may best belong.

In respect to the one morbid propensity that has now been exhibited for upwards of ten years without material increase or diminution in intensity, or variation in general character, and without any supervening mental derangement, this case presents one of the very finest specimens of monomania on record. Monomania, however, is usually the morbid exercise of one or more of the normal faculties of the understanding. Unrestrained ambition after a time becomes diseased and in consequence emancipates itself from the control of reason, and then deems itself President or Emperor; diseased avarice steals; diseased revenge kills; and diseased religious sentiment certain of final damnation, anticipates its doom by suicide; but in this case we have no idea where the disease begins—we cannot perceive a motive either rational or irrational, for there is no natural propensity to which this is analogous or consecutive. This is a propensity *sui generis*. A morbid propensity to steal, if it discriminates at all, usually does so in favor of articles that are useful, really or fanciedly.

In the unpremeditated suddenness of the wholly motiveless act in the street, there is a resemblance to those explosive manifestations of mental disorder that have received the appellation of “insane impulse.”

In the avoidance of observation at the time of the commission of the act, and of allusion to it at other times, there is evidence of a degree of consciousness and design; but in the imperfect recollection of the act and its events, and of the state of the feelings at the time—in the “haze” that then clouds the mind—there is an analogy to somnambulism—that state in which there seems to be

a suspension of self-consciousness, while the senses and other bodily powers are still exercised in obedience to the impulse of a waking imagination.

ARTICLE VI.

ON THE TREATMENT OF INSANITY.—By JOHN R. ALLEN, M. D. *Superintendent and Physician of the Lunatic Asylum, Lexington, Kentucky.*

ALTHOUGH Insanity is not a very common disease, few physicians fail to meet, now and then, a case, in general practice.

Judging from our own experience such cases are peculiarly embarrassing from previous neglect of the disorder, and we are greatly encouraged in the hope, that what may follow may be useful, from the fact that such information would at one time have been to us highly acceptable. It is not pretended, that the most of what may be said, may not be found elsewhere, but it is for the reason before stated, that physicians generally omit to supply themselves with works upon the subject, that this is published. It is hoped that the portable medium through which this is communicated, may give it access to the attention of Western practitioners.

In some parts of this country, the vast importance of placing the insane, in the earlier stages of their derangement, under the care of institutions devoted to their treatment is duly recognised, thus engaging for them the attention of medical men whose attention is specially directed to such diseases, and bringing the lunatic into

circumstances which are best calculated to afford the peculiar facilities for his successful management.

Had the efforts of those who have taken particular interest in the welfare of the insane in the West, been successful in producing the same state of things in this portion of the country, the necessity of such an article as this would not have existed.

So different is the fact here, however, that very few cases are placed in our public institutions—which we must confess are culpably behind the age in the necessary advantages found in other hospitals of the kind—until the disease is hopelessly confirmed. As it is not probable that our institutions will very soon be elevated to what they should be, or the friends of the insane be awakened to the necessity of placing them in our lunatic hospitals in the earlier stages of the disease, we are strongly induced to the publication of this paper, with the hope that at least a few may be rescued from the sad consequences of permanent insanity, by the means advised.

I think it may be truly said, that few diseases offer so much that is calculated to embarrass the practitioner. Its phenomena are so complicated, its physical disturbances are so varied, its mental manifestation so capricious, its causes so numerous, its course, duration and termination so uncertain, that to classify, prognosticate or prescribe cannot be done without much misgiving.

All this, however, has not deterred from the use of the resources of medicine for its relief. From early antiquity, remedies from the *Materia Medica* were used for its cure. Melampus is said to have cured the daughters of Proteus, and a citizen of Anticyra, to have restored the heroic Hercules, by the use of hellebore.

At a later period, when the doctrine of the purely mental or diabolical origins of the disease prevailed, exorcisms and stratagems by which the imagination was

highly excited and the feelings deeply wrought upon, were depended on as the means of restoration.

Still later, the supposed relation of the disease to the Lunar phases gave rise to periodical medication irrespective of other indications. A faithful history of the regimen, moral and medical, to which lunatics were, and still are, among the less enlightened nations, subjected, would, perhaps, present the most appalling picture of the dreadful cruelty of ignorance, that could be drawn from any other source.

Before entering upon the treatment now recommended, it might be proper and perhaps expected, that we should give the ordinary symptoms of the disorder.

This, however, cannot be attempted here. They are so numerous, as well as various, that a volume might be filled with them.

It is farther unnecessary, because the precursory physical disturbances have nothing peculiar about them. Any or many of the symptoms initiatory of most disorders which mark the disturbance of various functions, may be present, of longer or shorter duration, but until disorder of the mental faculties is developed, there can be no reliable evidence of such a result.

Again, it is very generally the case, that the functional disorders are so mild that medical interference is thought unnecessary. This is almost universally the case in this country, where constitutional vigor very often overcomes, unaided, disturbances apparently more serious. And farthermore, where medical aid is fortunately asked at this initial stage of the disease, all is fulfilled by meeting, as in other complaints, such indications as are apparent. Lastly, where the physical functions are not sensibly impaired, the symptoms being more of a mental character from the first, they are generally so slight, as to produce no apprehension of the coming disorder.

Eccentricities, change of manner or habits, unusual petulance, partially perverted affections, and other signs of nervous disorder, are disregarded until mania breaks out and discloses the terrible result to which the premonitions pointed. Indeed, I know of no combination of symptoms, where there had been no previous attack or no known hereditary tendency, unmixed with positive mental aberration, which I think, would justify a confident opinion of its approach.

All this being true, it is not surprising that insanity is not often treated until there is no necessity for a detail or even a summary of its usual symptoms, as there can be no mistaking it.

The diagnosis of the disorder is not difficult. It can only be confounded with Cephalitis or Hysteria, and the peculiarities of each of these disorders will scarcely mislead the careful physician.

As we have elsewhere remarked, insanity has its stages, longer or shorter, of incipieney, activity and decline.

We have virtually assumed, that few cases will be treated in their incipieney, and to the other stages what may follow will be applicable. These stages are designated as acute and chronic.—Different writers also make a distinction founded upon the duration of the disorder, dividing them into “recent” and “old,” to the former referring cases of less duration than twelve months, all of longer standing to the latter.

Insanity being a disease involving the organ on which moral and intellectual manifestations depend, its treatment has very properly been divided into moral and medical.

While the great importance of moral treatment in insanity is not to be denied, it will be found exceedingly difficult, if not impossible, to enforce it in private practice, most especially among those who compose the great

mass of our population, persons in very moderate if not straitened circumstances.

"If," says Jacobi, "we seriously consider how difficult it is to unite in a private dwelling, the manifold conditions requisite for the successful treatment of insane persons, in reference to security, separation, oversight, attendance, restraint, compulsion, remedies of all sorts, and due medical assistance, one will soon be convinced how rarely the proposed object can here, under such circumstances, be attained. Hence it comes to pass that these unfortunate persons at their own houses are the worst taken care of. For it is precisely in these situations that the poor lunatic is often most exposed to dreadful mismanagement and very painful neglect and privations. His attendants who are both unprovided with the proper means, and destitute of the requisite skill to manage him by gentle methods, as well as to apply the required degree of restraint at the most favorable time, and in the most humane manner, are, in many cases, but too soon obliged for the sake of their own safety and a sufficient coercion of the patient, to have recourse to extreme measures; and thus considerations of humanity and gentleness are thrown aside. In other cases on the contrary, the patient is equally lost to all chance of recovery, by a method of treatment altogether dissimilar, but not less injudicious. For the sake of preserving him tranquil, every wild and fickle whim suggested by his disordered intellect, is indulged and encouraged. He not only imperiously exercises all the authority which he possessed whilst in his right mind, but now, with unbounded and violent impetuosity, seeks to make every one yield with abject submission to the impulses of his diseased brain."

If this be true, certainly the proper treatment of insanity from its onset, is to bring its subjects under the discipline of those public institutions which combine in their arrangements the various appliances necessary in enforcing the best moral and medical regimen, with the least coercion or unkindness to the patient.

But our object is to give what aid we can, as to the treatment of the disease in ordinary practice. A specification of the various rules and incidental suggestions to be found in different authors would include much unattainable in private practice, and lead us into detail incompatible with the character of this paper.

There are, however, a few general suggestions that may be adopted by every physician who may be called to treat insanity.

1st. That the patient should be informed of what is believed to be his condition, and of the necessity of the use of means to restore him, and what they probably may be.

2d. The necessary treatment, whether moral or medical, he should be requested to use, and if he positively refuse, the gentlest coercion must be resorted to.

3d. That this may be done with the least difficulty to attendants and least injury to the patient, sufficient help should be summoned to overcome any resistance with ease. A mere display of the necessary force, will often enforce a compliance with any prescription.

4th. Firmness, kindness and candor should characterize all intercourse with the lunatic. He should be directly denied what is wrong, dissuaded if possible from what is of questionable propriety, and indulged in all reasonable requests.

5th. If the exciting or fostering cause of the disease has any relation to home or other locality, removal is necessary; all communications with persons or things calculated to keep up or awaken morbid impressions or associations which may have caused or continue excitement, should be broken up.

6th. Allusions to the peculiar delusions or open opposition to the morbid ideas, affections or inclinations should be avoided.

7th. Seclusion from promiscuous visitings, and exclusion from every thing in any way interfering with the tranquillity of the patient.

Such are some of the general regulations which should be imposed from the access of the disease, and which will add efficacy to the medical means in proportion as they are faithfully executed.

The period, however, when moral treatment is particularly appropriate is that of convalescence.

No stage of the disease requires so much judgment, whether it be in detecting the first signs of dawning reason, or in encouraging the efforts of nature to enfranchise itself from thralldom.

To watch this dawn of reason, after the darkness of insanity has for a time obscured it, to aid every mental essay, to draw out the striving intellect, to give support to the enfeebled system to regain her lost faculties, to make

a diversity of impressions, to awaken new ideas and fresh moral emotions and revive the suspended powers of mind, demand the constant vigilance of the attendant of the insane. This is no easy task. The common mind may require but common care and patience, but the cultivated intellect requires all the tact, delicacy, caution, and ingenuity of the experienced and gifted, to guide the benighted intellect back to the light and freedom of intelligence.

Changes of scene, occupation, amusement, indeed every thing that can interest the feelings, arrest the attention or control the mind, so as to break up any concatenation of events or circumstances in any way associated with the malady, are to be brought into requisition as the state of the case may require.

"There is a stage," says Dr. Gooch, "approaching to convalescence, in which the bodily disease is loosening its hold over the mental faculties, and in which the latter are capable of being drawn off the former by judicious appeals to the mind."

To reach this condition, seems impossible by the use of medicine.

"We may by medicine," says Dr. Wood, "excite and depress the brain, may irritate or calm it, may even sometimes restore its healthy action by removing the causes which disturb it; but how can mere matter by entering the cerebral vessels, regulate the fine operations of thought, awaken sleeping conscience, or turn the perverted current of feeling into its proper channel? The medicine of the mind must be mental. * * * Through the senses, the intelligence, the memory, the affections, we must endeavor to touch those delicate chords which vibrate thought and emotion, and so touch them that they shall again produce their wonted harmony. Instead of leaving the operations of the mind to the caprice of accident, we must aim at so arranging exterior influences, that their suggestions shall be favorable to correct thought and feeling; and so clarifying the inner fountains that there shall be a gentle welling up of healthful reason and impulse, instead of the turbid gushings of madness."

With this meagre outline of the moral treatment, I pass on to the

Medical Treatment.

It is to this part of the subject we desire to give more especial attention. To the improper use or neglect of remedies in the early stages of the disease, many cases of insanity, which should have been restored, become hopelessly confirmed. Treated at the very onset, cases

have been speedily arrested, and a very great majority ultimately recover. It is vastly important then, that the treatment be in accordance with the true nature of the disorder.

Before entering upon this, it may be well to offer some leading propositions, which, if kept in view, may aid in determining the course of practice.

1st. Insanity is a bodily disease necessarily involving the brain.

2d. That it may exist for an uncertain period without producing perceptible alteration of structure in that organ.

3d. That it is not in its early stages a disease of inflammation, but of some vascular engorgement, which may subside, leaving the brain in an irritable condition, not unlike that of delirium tremens.

4th. That the tendency of the disease is ultimately to run into sub-acute inflammation, resulting in the production of the pathological conditions mentioned in a former article.

5th. That disorder of other organs often co-exist with that of the brain, either in the relation of cause or effect, especially in the chronic state of insanity.

6th. That the sanability of the disorder is unusually influenced by its duration before treatment, recent cases generally recovering, chronic ones rarely.

If these propositions are correct, several indications seem to be clear.

1st. To relieve the brain of the state of congestion which constitutes the physical condition on which insanity immediately depends.

2d. To relieve the consequent state of irritation which seems to prolong it.

3d. To remove disorders of other organs which may morbidly influence the brain.

4th. That remedies should be resorted to in the very earliest stage of the disease.

In consulting authors on the selection of the means best calculated to meet the indications, the greatest difference of opinion will be found to exist, as to some of the more important ones.

The relative importance assigned to each class of remedies, the best mode of administration, and their real value, will probably be best gathered by noticing them separately, and collecting some of the opinions which have been entertained.

Antiphlogistics.

At the head of these stands general bleeding. Of this active remedy, opinions directly contrary have been advanced by men of reputation; Cullen, Haslam, Frank, Plater, and Rush, have all recommended it in every case of acute insanity. The two latter carried it to a greater extent than any other practitioners. Plater bled once a week, and in one case for seventy successive weeks. Dr. Rush, however, was the great advocate for this practice and pushed it far beyond any other. He insisted that it should be used to a greater excess in madness than in any other disease. He bled a patient 68 years old, two hundred ounces in less than two months, and another, four hundred and seventy ounces at 47 bleedings. He not only advised large bleedings, but that the blood should be drawn from a large orifice, and the patient in an erect posture, that its most powerful impression should be made on the system. From 20 to 30 ounces are advised to be lost at a time if well borne, and local bleedings to follow.

The following synopsis, slightly abbreviated, as given by Prichard, comprises the arguments of Dr. Rush for his practice:—1st. The force and frequency of the pulse, the sleepless and agitated state of maniacal patients. 2d. The impaired appetite and plethoric state which easily arises in lunatics. 3d. The delicate structure of the organ involved and its inability of supporting morbid action

without permanent disorganization. 4th. The want of any natural channel of discharge from the brain, by which the results of inflammation may be averted or got rid of, as serous discharges in other parts sometimes relieve the inflammatory state. 5th. The accidental cures which have followed large losses of blood. 6th. From the extraordinary success which he met with in its use.

In direct opposition to this sanguinary mode of treatment, M. Pinel and M. Esquirol, both men of the highest attainments and wide experience, may be quoted. The former held that cases, even where symptoms of apparent plethora existed, were injured by bleeding, and recovery retarded. That a decided tendency to degenerate into dementia was often the result of a loss of blood. Esquirol coincided in this opinion, and had seen mania much exasperated after a copious catamenial flow or two or three bleedings. He approves of very moderate bleeding in plethoric cases, and when an habitual sanguineous flow had been suppressed. Mr. Hitch, of the Gloucester Asylum, England, does not use the lancet. M. Foville, says; "Without ever having pushed the employment of this remedy so far as Rush and Frank, I own it appears to me one of the greatest efficacy." After stating his great experience as to the effects of insanity in producing various pathological conditions of the brain and membranes, he adds,—

"These are some of the reasons which have led me, with several other physicians who have been placed in circumstances favorable for making observations, to conclude, that bleedings ought not to be entirely proscribed in the treatment of mental diseases. In the greatest number of recent cases of insanity which have been placed under my care, I have employed evacuation of blood, local or general, rare or frequent, abundant or in moderation, according to the strength of the patient, state of pulse, redness of the eyes, the heat of the head, the agitation and want of sleep. I have always preferred general bleeding when there existed a state of plethora, which the force and frequency of the pulse evinced. In opposite circumstances, leeches on the neck, the temples, behind the ears, cupping on the same parts, and upon the shaved head have produced decided benefit. Local bleeding having appeared to me to produce a marked effect upon the brain, I have often prescribed it at the same time with general, whenever the intensity of the general symptoms has imperiously demanded the latter remedy; but I have never rested exclusively upon the efficacy of sanguineous evacuations, although in many cases I have seen all morbid symptoms disappear, as if by enchantment, under their use."

To these opinions, Dr. Prichard, from whose works the extract is copied, subscribes; he adds, and I think with great propriety, that "the circumstances which render bleeding most advisable in the treatment of madness, are those which indicate an approach in the disease to phrenitis."

There is a feature of the physical condition which must not be left out of the account in considering the propriety of bleeding. I refer to the nervous tension, as Esquirol terms it, which has great influence upon the circulation and which might readily mislead in seeking indications for the use of the lancet. This high nervous excitement often adds a deceptive force to the pulse, easily mistaken for inflammatory activity, and offers a fallacious call for sanguineous abstraction.

To this condition of things, I presume Dr. Burrows alludes in the second of the three disordered conditions of the circulation in insanity, of which he speaks in the following extract:—

"I have premised that three disordered conditions in the circulating system exist in mental derangement.

1st. There may be too great a quantity of blood flowing to the brain at the expense of other parts, which suffer a diminution of it, thus producing a real determination. 2d. There may be an *excessive momentum in the vascular system, indicative rather of morbid action than of excess in quantity.* And 3d. There may be a deficiency in quantity, by which sufficient blood is not propelled to the head to give the intellectual organs their wonted energy." He adds, "Simple determination of blood by too great momentum, producing that state of congestion of the brain which originates cerebral irritation, and perhaps the maniacal action, is not relieved by venesection."

This author, with others, thinks insanity a disease *sine febre*. That the simple vascular action may be nervous, that the surface though often warm is usually moist, that the blood does not present the sizzly appearance, and he concludes "that venesection can not be justified in any case of pure insanity, whether upon the principle of febrile or inflammatory action accompanying it, or of local determination."

I might quote from Broussais, Spurzheim, Ellis, Combe, Syer and many others, upon the practice of blood-letting,

but nothing that cannot be gotten in substance from the opinions already quoted, could be found.

I think I may safely say that the experience of those in this country who have had most to do with the treatment of insanity, is decidedly opposed to the practice of Dr. Rush, neither, I believe, corroborative of the extent to which the use of the lancet is carried among the French practitioners. Venesection is very rarely resorted to, and I am sure never to quiet the ravings of the maniac, to tranquilize the agitations of the less furious, or to bring sleep to the wakeful lunatic. Fatal, indeed, it seems to me, to the intellect if not to the body of the patient, if the mental excitement, the general indications of nervous disorder, were to be regarded as so many demands for depletory measures. I would particularly insist that no practitioner suffer himself to be misled by the degree of mental disturbance or emotional disorder, however boisterously it may be manifested, into the hope that copious and active depletion will meet the indications. The truth is, that making allowance for the nervous excitement, such as its influence on the circulation to which we have alluded, and other effects which will suggest themselves, which attend insanity, and the mental developement should have little to do in the medical treatment of lunacy. The proper course is to treat the disease, as we do others where the mind is not involved, by attending to the state of the system generally, and regarding the madness only as an indication that the brain is implicated in the disorder. I am aware of our predilection for blood-letting wherever cerebral disorder is manifest, but where the principal evidence of that is the mental aberration, extreme caution should be exercised before adopting it. Indeed, I would recommend less loss of blood, where indicated at all, in the case of a lunatic than in a sane patient, other things being equal. To bleed very copiously for pure insanity, even in its acute state, can have no

good effect upon the mental condition, while it expends the vital forces, which are to be taxed, in all probability, to their utmost extent before the disease is cured, and must suffer from a loss of the vital fluid.

We would not be understood as proscribing venesection in all cases of lunacy, but are of opinion that its use should be confined, as in other complaints, to meet special symptoms.

To local bleedings there cannot be the same objections urged as against venesection. It does not produce the same shock upon the system, nor so much lower the vital forces, but even this is by no means to be used merely because a man is mad. The particular symptoms demanding the use of topical bleeding, are such as are mentioned in the extract we have made from M. Foville.

These, however, the physician will no doubt readily detect, and we need make no enumeration of them here.

Dry cupping may be used where local bleeding is inadmissible.

Of Purgatives.

Authors are generally agreed as to the propriety of purgation in insanity. Torpor of the bowels is a very common condition of lunatics, and one against which we have to guard, as they will often allow immense accumulations in the intestines. It is said by some writer, that the first record of the administration of a purgative in any disease, was that of hellebore in madness.

In cases of some febrile excitement, the more active will be useful. Calomel and Jalap, Cook's pill, Comp. Extr. Colocynth, Senna, Cr. Tartar, are adapted to the earlier stages and severer cases. The neutral salts where the case is mild and frequent repetition is required. A course of mild purgation is well adapted to cases of moderate excitement and not of very vigorous habit. In such cases aloetics and rhubarb act well. Particular indications demanding the use of cathartics, as well as

the circumstances that forbid their administration, I need not stop to point out, as there is nothing peculiar in them. Drastic purgatives are particularly objectionable in lunacy, from the fact that such persons are peculiarly liable to chronic diarrhœa, which I have known sometimes induced by such remedies.

Emetics.

Emetics have been generally considered useful in insanity. Esquirol and Dr. Rush considered them as useful in melancholia, where there was torpor of the system. Several English physicians of considerable experience have spoken very highly of the use of them. Dr. Cox thinks them among the most efficacious means in all forms of insanity.

Emetics are objected to by some from the flow of blood caused to the head during the effort of vomiting. Of course, they are not to be prescribed where there is fullness of head or great plethora, but so far as my own experience is worth any thing, I can testify to their very general applicability in cases of high mental excitement, as a means of producing quietude and rest, and to their great value in cases of languor, both physical and mental. In the latter class of cases they have proved highly beneficial by arousing the energies of the abdominal organs, exciting new actions, and awakening torpid secretions.

I am especially fond of an emetico-cathartic, as an initiatory step in the preparation of cases for a subsequent course of narcotics or tonics, a plan of treatment of which we shall presently speak. It may be remarked here that lunatics sometimes require enormous doses of emetic medicine. I have given as much as 20 grains Tar. Em. The dose, I think, should always be a maximum one.

Water.

The efficacy of bathing, warm and cold, is admitted by all. Where there is heat of the surface, the cold bath

will often give great relief, and administered at night will procure quiet rest. The application of cold water or ice to the head is of great service where the abstraction of heat is desirable.

The warm bath has considerable influence in allaying nervous excitement. Immersing the body in warm water, while cold is applied to the head by means of bags of ice, or cold water poured from a foot's height above the head, was a favorite remedy with Esquirol, and no doubt of great efficacy in habitually excited cases.

Bathing, both warm and cold, merely as means of cleanliness, with what effect they may have in correcting the cutaneous functions, are of vast importance.

As a means of positive punishment, nothing is equal to the cold bath, as used in the *douche*, bath of surprise, &c.

Narcotics.

The propriety of the use of this class of remedies in insanity, has been much discussed, and very different opinions still exist upon the subject.

My own experience has impressed me very favorably as to their use; while several medical superintendents of lunatic hospitals in the United States, have found them peculiarly beneficial in certain stages of the disease and certain conditions of the system, others of equal claims to confidence have not so regarded them. Dr. Ray, of Butler Insane Hospital, Rhode Island, says:—

“In a large majority of cases the most prominent feature, that which is popularly regarded as constituting the disease itself, is nervous excitement, indicated by restlessness, loquacity, vociferation and turbulence. To quell this symptom, has been considered by physicians as particularly desirable, as if they thought that so far as they succeed in this point they advance in the cure of the disease itself. This is a serious mistake, and the expectations founded upon it are often doomed to be disappointed. Hence has arisen the practice, which has lately gained much credit, especially in this country, of administering narcotics in large doses. My own experience leads me to believe that the value of this method of treatment has been greatly over-estimated.”

He farther states, however, that he has seen this practice succeed in cases of considerable turbulence, when the patient still possessed some self-control and conver-

sed rather coherently. With such exceptions, he thinks the use of opium has not proved of permanent benefit. In no case of recent raving mania, had he seen it do good, but harm. I do not think it at all necessary that those who use narcotics to allay nervous excitement, must regard the excitement as the disease itself, before the remedy is indicated. The excitement is no disease, but the developement of a morbid state of the nervous system. Nor are the evidences of insanity, vociferations, incoherence, &c. the disease, but indications of a disordered state of the brain which we have named from the symptoms. Narcotics are not given then merely to allay excitement, but to relieve the morbid state of the brain on which it depends. If this state has been relieved by other remedies, it is equally true that it has been by narcotics; nor does its treatment in the one mode more than in the other, prove that those using this or the other were treating the excitement as the disease itself. Dr. Woodward, the former venerable superintendent of the Massachusetts State Hospital for the Insane, a man, perhaps, of more experience in the treatment of insanity than any other in this country, says, "that narcotics are by far the most useful remedies we possess in active mania after the system is prepared for their use."

European writers, so far as I have been able to consult them, have not used nor do they recommend the use of narcotics, except as palliatives or to enforce occasional sleep. For such purposes I have never used them. One or several enormous doses of opium have now and then been given by different practitioners with various results. Van Swieten gave 15 gr. at once to a maniac. Dr. Binns gave two scruples and afterwards a third, and restored his patient immediately. Dr. Currie gave 400 drops of laudanum with immediate restoration. Sydenham says, after the disease has been moderated by depletion and the active stage past, the fever and delirium may be

carried off by some opiate. Such examples, however, are not for our imitation. In the use of narcotics for the cure of insanity, full doses now and then, though they produce temporary sleep and quietude, do not come up to the requirements of the case. Nay, large doses repeated morning and night for a week or month may still fall short of what is necessary. The number and size of the doses may for the time being, have their complete effect, yet not permanently relieve, the derangement returning upon their discontinuance. This no doubt has led some to distrust the efficacy of the remedy, but after all this, they must not be condemned, their full effect not having yet been tried.

It is a permanent, persistent, patient narcotism, to be obtained as hereafter advised, that is the test of the power of this class of remedies over insanity. In the alterative treatment of some complaints, we do not discontinue remedies so soon as the external developements of the disease may recede; we persevere until a radical cure is effected. This is the course to be pursued in insanity, treated with narcotics. It is an alterative course.

The object is to remove, permanently, a morbid condition of the nervous system, call it irritation or what you please. It is generally, under the most favorable circumstances a condition not to be relieved in a week or a month; one requiring patience and perseverance in the use of any kind of remedies.

But let us be understood as to the condition of the patient under which this class of remedies comes in so opportunely.

In the commencement of insanity, while inflammation can scarcely be said to exist, there is a state of vascular excitement.

But this soon terminates in death or an irritable condition of the brain, its action perverted, its functions disturbed without an appreciable complication of inflammation. In the former condition no one would advise an

opiate or other narcotic; in the latter, what seems the rational indication? Says Dr. Brigham, the intelligent medical superintendent of the New York State Lunatic Asylum,—

“In my opinion there is quite generally among practitioners of medicine, too great fear of opiates and narcotics, not only in insanity but in all diseases of the head. One of the best chapters in the late work of Dr. Holland, *“Medical Notes and Reflections,”* is that “On the use of opiates,” in which this distinguished and experienced practitioner, after remarking that opiates are now more used than formerly, observes, ‘that even now it may be affirmed that there exists a distrust, both as to the frequency and extent of their use, not warranted by facts, and injurious in various ways to our successful treatment of disease.’ He adds, in relation to the use of opium in cerebral affections, ‘there is great scope for further research on all that relates to disorders of the brain, and a strong presumption that opium is capable here of larger and more beneficial application than has yet been given it. In certain cases of insanity, especially where much active irritation is present without inflammation, its employment, not by partial and irregular doses, but by keeping the patient for some time steadily under its influence, is often attended with good, attainable in no other way.’”

It is very true, that the first stage of insanity may subside to some extent, yet with the continuance of certain signs of physical disorders when narcotics would not be admissible; if the skin is hot, tongue foul, red and smooth, the eyes red, the pupils contracted, and bowels constipated, the correction of the morbid condition upon which such symptoms depend is necessary, as incompatible with the use of narcotics.

The conclusion then is, that where the acute stage of the disease has subsided, and there remain no special contra-indications to the use of narcotics, they deserve a fair and persevering test, in all cases.

There is another fact which I have frequently noticed, that, in some cases where there appeared no objection to the use of those remedies, after a dose or two, fever, dry tongue, &c., supervened; a state of things indicating the necessity of further depletion.

I have repeatedly met such cases, which by suspending the narcotic and using a purgative or two, and other mild means of depletion, and again resuming it, have ultimately yielded to the medicine. I have never seen a case of dangerous cerebral engorgement produced by such remedies, cautiously used.

The mode of administering narcotics which we have adopted is, after selecting the particular one to be used, to begin with a small dose, say 20 drops of laudanum, or a solution of morphine of equal strength, to be repeated every four hours, increasing the dose five or ten drops daily. We have no maximum dose, we are governed alone by the effects. If thirty drops answer the design, well; if *thirty drachms* are required, *give it*.

The effects desired are general quietude, indications of drowsiness, nodding and occasional naps. When these effects are produced, the remedy is continued at that dose; after a few days, if the excitement is not thoroughly under control, increased tolerance of the medicine will again allow the symptoms of irritation to manifest themselves. If so, go on increasing the doses, which may be done to any extent if no bad effects supervene. When the necessary dose has been reached, hold the patient at it for a week or two, when it may be gradually diminished, and if with this diminution, none of the former symptoms make their appearance, we may conclude the morbid state of the system on which the insanity depended is permanently removed. In many instances, I have witnessed the apparent warfare between the remedy and disease. As the remedy was withdrawn the disease advanced; as it was pushed the disease receded, until its last hiding place seemed to be occupied by the remedial forces.

The influence of this class of remedies, opium and its salts especially, has seemed to me in some cases, to act as directly upon this morbid condition, as mercury does upon the syphilitic poison. Some very anomalous effects sometimes supervene upon a continued use of narcotics. In some they become emetic, in others cathartic, in others tonic; sometimes cutaneous eruptions are produced. All such results must be looked to by the physician; the remedy suspended, modified or changed to meet each

emergency. Some stomachs reject opiates but will retain Hyoscyamus, and so on.

Tartar Emetic, Ipecac., Nitre, &c. may be combined to meet particular indications. Tonics are not incompatible with narcotics. We often unite them. Conium and iron was a favorite compound of Dr. Todd's, of the Connecticut Asylum, who treated the disease with unparalleled success. Among the numerous narcotics we may hope to find one to meet the peculiarity of any case that may demand them.

Among them opium and the salts of morphine are most generally applicable. Hyoscyamus, Conium, Belladonna, Nux Vomica, &c. &c., are not without their use.

The use of tonics is often highly useful to lunatics. We prefer infusion or decoction of the vegetable bitters with iron. The indications for them are not peculiar.

Counter irritations, blisters, setons, &c., are not very much recommended now, but are doubtless of service in some cases.

To meet the third indication pointed out under this head, we need only say, that where there exists disorder of the bodily organs, their treatment is not essentially affected by the peculiar condition of the mental faculties in the insane, and they are consequently to be addressed through the usual therapeutic laws.

As will be perceived, I have not pretended to enter much into detail of treatment, but more especially to discuss the use of certain remedies. I have endeavored to guard against the excessive use of some, and to recommend the use of, at least one class, heretofore too much overlooked. The good sense of the practitioner will lead him to the best means of meeting the incidental demands of his cases, many of which, I should no doubt overlook, were I to attempt a minute detail of them.

I cannot close this article, however, without urging upon those who may meet with cases of insanity in prac-

tice, the vital necessity of attending at the earliest stage of the disease possible, to its treatment, as success will follow in a vast majority of cases. If they neglect it until the chronic form of the disorder is to be undertaken, little will, in all probability be added to the reputation of the profession or pleasure of the practitioner.

From the Transylvania Medical Journal.

MISCELLANY.

ON THE DEATH OF DR. BRIGHAM,

PRINCIPAL OF THE NEW YORK STATE LUNATIC ASYLUM, AND FORMERLY
PHYSICIAN AT HARTFORD, CONN.

YES, give him honor, such as men accord,
When fall the great and good.

Tell out his deeds.

He hath not conquered armies,—hath not won
By red libations on the battle-field,
Or pangs of widowhood, and orphanage,
The name of hero. No. But he hath stood
'Gainst that invisible and fellest foe
Who striketh Reason throneless; and the world
Beheld him, in his meek benevolence,
Seeking the lost, and on the broken mind
Graving the name of healer. Deeds like these
Build their own monument.

Yet, other praise

Is still his due; deep memories of the heart,—
Aye, strew them o'er his hearse.

In quiet homes,

When the sweet waters of their shaded founts
Were troubled, and the plaint of sickness rose,
Thither he came, a welcome visitant,
As the good angel at Bethesda's pool.
The sufferer marked his hope-inspiring brow,
His warm solicitude, his truthful soul,
And took new courage. Well he knew to blend
The Friend with the Physician, and to win

The confidence of those he toiled to serve;
Poising the weapons that his science gave,
With wariest skill, as one who feared their power,
And fain would aid weak Nature to avoid,
Not tempt their discipline.

And as for us,
Who saw him seated by our children's couch,
Watching the pestilence that watched for them,—
Who found him ever faithful at our side
Year after year, parrying each shaft that sought
Life's fragile thread, and at reviving health
Joying as with a brother's tenderness,—
We may not speak his name without a tear;—
And better shall such lowly tribute please
His sainted soul, if still to earth it beud,
Than the loud pæans of a prouder fame.

L. H. S.

From the *New York Observer*.

LETTER FROM DR. EARLE.

[THE following letter was received by Dr. Brigham a few days previous to the commencement of his fatal illness, and was designed by him for publication in the October number of the Journal. It was unavoidably crowded out, and we therefore give it an insertion here.—*Ed. Journal Insanity.*]

TO DR. BRIGHAM.

London, July 10th, 1849.

DEAR SIR,—I seat myself to send you greeting, under an almost painfully oppressive consciousness of my inability, how good soever may be my will, to furnish you with any novel or interesting intelligence in the special department of the practice of medicine to which you are devoted. True, since my former visit to England, an almost wonderful revolution and a radical reform has been accomplished in some of her institutions for the Insane; and had there been no other chronicler of these changes, I might find material with which to impose upon your good-nature an octavo of very respectable dimensions. But the Journals of the day have kept you nearly *au courant* of Asylum progress, and the observations and writings of our friends Drs. Bell, Ray and Buttolph have supplied the deficiency which might otherwise have existed, leaving for my gathering merely "the crumbs which fall from the rich man's table."

"*C'est le premier pas qui coute*"—" 'tis the first step that costs,"—say the French, and in regard to any important revolution, a similar expression would be applicable. It is the first step, or at least, the first few steps which generally

effect the most important changes. This certainly is true as applied to the alterations in the system of managing the establishments for the insane in Great Britain. The essential parts of the reformation were the work of a period comparatively brief, and those more recently accomplished, or which still remain as the work of the future, are but the details—the minutæ—of the system of the new *regime*.

When in Liverpool I visited the Asylum connected with the Hospital, or “Infirmary” of that town. It is within the limits of the settled part of the town, and entirely surrounded by dwelling-houses and other buildings. It has accommodations for about seventy patients, and appears to be well-managed. In its report for 1848, the first which has been separately published, it is stated that “several persons have been admitted in a highly exalted state: mechanical restraints have long been disused in the treatment of such; but in one case of acute mania, where the patient had received severe contusions prior to admission, the resident medical officer found it necessary to apply restraint to secure successful treatment of the patient’s wounds.”

“Seclusion”—confinement of the patient in his room—“has been resorted to only in three cases during the year.” The airing courts, or yards, are of medium size, and cultivated with grass, flowers, and shrubs.

At Chester—that antique city still surrounded by its olden walls and containing many of those ancient dwellings with curiously carved ends towards the street, and each successive story projecting some three or four feet beyond the one next below it—there is a County Asylum, to which I paid a short visit, and was shown through its several departments by the resident Physician. It is now undergoing repairs and enlargement, an extensive addition being made to each wing. When completed, the establishment will accommodate, if I recollect aright, about four hundred patients. The new system of forced ventilation is to be introduced into one of the new additions, while in the other the air is to be changed by the supposed most effectual of the old methods. Thus the comparative merits of the two may be tested.

The Chester Asylum, as should have been previously mentioned is a mile and a half, or two miles without the walls of the city, near the rail-road to Liverpool. Its site, though not elevated, is sufficiently pleasant, and its grounds well cultivated. The system of non-restraint, in the treatment of the patients, is pursued as far as is thought best for their welfare, without assuming the doctrine that confinement of the limbs, by mechanical means, is always detrimental.

Soon after I reached London I went to see Dr. Forbes Winslow, the well-known author of the “Anatomy of Suicide,” and other works connected with mental disease, and the founder and Editor of the Journal of Psychological Medicine. He resides at Hammersmith, five or six miles west of London, where, at Sussex House—so called from its former occupant, the late Duke of Sussex—he has a private Asylum. He was not at home, but I soon afterwards received a note of invitation to dine with him which I accepted, and passed in his company a very agreeable and instructive afternoon.

His institution is intended for patients possessed of large pecuniary means, and is conducted upon a scale of commensurate liberality. The number of patients is about thirty-five, and the current expenses of the establishment would,

in America, be thought enormous. The dining-room and parlor as well as the apartments of some of the patients overlook a beautiful lawn "shaven by the scythe and levelled by the roller," planted with flowers, shrubbery and trees,—in short, an English garden,—such as rarely can be found excepting in Great Britain, and such as might be expected if planted, as this was, under the direction of a scion of royalty. From the general aspect of the house, either externally or internally one would hardly suspect the use to which it is devoted.—Many of the patients dine with the Doctor and his accomplished lady, and are treated, by them, as companions and friends. An elegant parlor is open to them and they have the "liberty of the premises," much the same as if they were the proprietors. Books, billiards and other sources of entertainment and amusement are at their service, and horses and carriages to give them—in the English phrase—"an airing."

Permit me, before closing my letter, to diverge from my general subject. Nor is it hardly a deviation, for in the comprehensive sphere of benevolence embraced by the mind of the late Elizabeth Fry,—in connection with whose name and memory I am about to write a few words—those who suffer from mental disorder were included, and you and your peers may proudly—or humbly, if you will—claim her as a fellow-laborer in your arduous duties. I have seen her brother Samuel Gurney, who accompanied me to the house in which she passed many of her latter years. I gathered some flowers by the door-side, and have pressed them for preservation, and Mrs. Gurney gave me a letter of three pages written by Mrs. Fry. These if we are permitted again to meet shall be your's—they were procured especially for you.

Truly your friend,

PLINY EARLE.

BEAUPORT LUNATIC ASYLUM.—While on a visit lately to Quebec, we had the pleasure, in company with Dr Douglas, of visiting the Beauport Lunatic Asylum. It is under the professional charge of Drs. Douglas, Morrin, and Fremont, three of the most eminent of the Faculty of Quebec, and while our desire has ever been to award no credit where none was due, a sense of duty compels us to become a willing tribute-bearer to the activity, zeal, and careful discharge of professional duty on the part of those gentlemen. We found the building, in which the insane patients are at present confined, as well adapted to the purpose as its inconvenient structure permitted. It must be recollected that it was originally built to be used as stabling, and at the time of the transfer of the insane, was the only and the most suitable place to be had in the environs of Quebec for their accommodation. By a considerable outlay of capital, it was, *pro tempore*, adapted for their reception. Cleanliness pervaded the whole establishment, and ventilation appears to have been properly attended to. At present there are about 120 patients, male and female, but we found them, a result of limited accommodation, unclassified.

By the energy of the three medical gentlemen alluded to, property has been purchased about a mile nearer to the city, and a building is now all but completed, which will accommodate 300 patients. Having inspected this new establishment, we find it admirably adapted to its intended application. Situated

about a hundred yards from the Beauport road, with its front towards it, it presents the appearance of an enormous block of building, but an examination of the plan discloses it, as forming three sides of a quadrangle, projecting backward about 150 feet, with a frontage of about 200 feet. The depth of the building from the outside walls is about 40 feet. It comprises two stories, and it is intended to have one wing occupied by the male patients and the other by the female patients; separated in front by the main building, in which the apartments of the principal officers are intended to be. Ample accommodation is afforded for private patients, whom it was almost impossible to receive in the old building. The Asylum is to be heated by hot air flues; and is to be lit by gas, which it is in contemplation to prepare in a small building behind the main one, which is also intended to serve as work-house, &c. There is an abundant supply of water, a great desideratum in the old place, and to procure which in the quantity required was attended with an annual expense of about £100. The elevation of the building is exceedingly neat; presenting no pretensions to ornament in its design, it meets every possible requirement, and its cost when completed will not fall far short of about £12,000, an amount advanced by the professional gentlemen alluded to from their own private resources.

We would wish to see this Institution properly fostered by the Government; the whole establishment is a credit to the Province, and we hope that no parsimonious spirit will mar its usefulness. The new Asylum will be ready for occupancy in the course of a month or two, although we believe the patients will not be removed until next spring.

We missed our old friend, Dr. Von Iffland, whose retirement from the post of Resident Physician we had not heard of until our visit. His place is filled by a gentleman of the name of Payne, in whose judgment the medical officers have, we doubt not, every reason to place confidence.—*British American Journal*.

NEW YORK STATE LUNATIC ASYLUM.—N. D. Benedict, M. D. Physician-in-Chief of the Blockley Hospital, Philadelphia, has been appointed to succeed the late Dr. Brigham as Superintendent of the New York State Lunatic Asylum, and has entered upon the discharge of his duties. He has had much experience in the care and treatment of the insane, and we trust the institution now under his charge will fully sustain its present reputation, and continue to receive the confidence of the public. We wish him every success in this new and enlarged field of usefulness. The following notice of the past and present condition of the insane department at Blockley, is taken from the Philadelphia North American:—

“Of all classes of insane, there are generally about 375 under care at the Alms-House, and it is only a few years since nearly this number was crowded into the two extreme wings of the southern fourth of the buildings. All classes were mingled together in revolting confusion—in reality, there was no classification—severe modes of restraint were continually employed—no opportunities were offered for employment, exercise or amusement; there were no attendants on the patients but paupers, and these often of an abandoned character; there was little warmth in winter, and no ventilation, and the treatment in nearly every respect was calculated rather to confirm than to relieve so grave a malady as insanity.

"Now, the visitor to the wards for the insane will find the whole of the south division of the buildings appropriated to this form of disease,—a good classification, there being seven distinct classes of women, and six of men,—comfortable day and dining rooms—noble dormitories, scarcely equalled in any other institution,—a well arranged, detached lodge for the worst female patients,—hired attendants for each division,—opportunities for out-door labor or exercise for a considerable number,—the commencement of a system of heating, combined with a forced ventilation, likely to be entirely successful; and lastly, but above all in importance, a competent medical man, really interested in the insane, at the head of this department, and entrusted with a degree of authority sufficient to enable him to carry out, to a considerable extent, the details of a liberal system of treatment,—one which all experience proves to be not only best, but in the end cheapest—cheapest because it is best—a system which common humanity demands everywhere for a class, the character of whose afflictions gives them claims on the community of a character totally different from those of the thousand common paupers by whom they are surrounded.

"As Christians and residents of the city of Penn, the writer has believed that the readers of this Journal, and the whole public, would be gratified with a brief recital of the real progress which has been made in the arrangements of this most interesting department of one of our most imposing charities; and a desire to spread more widely a knowledge of what has already been done, as well as to encourage the further prosecution of well-digested plans, has prompted this communication. It seems due also to Dr. Benedict, the Physician-in-Chief of the Alms-house,—who through many difficulties has persevered in his plans to ameliorate the condition of the insane under his care, and who, it is to be regretted, is about to leave this scene of his labors for a post of still greater responsibility—that the public should know to whom, in conjunction with the members of the Board of Guardians, who have carried out his views, they are indebted in a great measure for changes which are of a kind to confer honor upon all who have been in any way instrumental in effecting them."

THERE are in France 12,286 indigent insane persons supported at the public charge,—5,935 men, and 6,351 women: and of these, 2,536 or more than a fifth, belong to the department of the Seine. As a general rule, the departments considered poor have the fewest insane. For the reception of the 12,286 patients there are 73 establishments; 6,060 of these persons being in public asylums, 4,621 in separate parts of the hospices, and 1,605 in private establishments.—*L' Union Medicale*, 1848, No. 55.

FROM the returns of the relieving-officers it appears there are 8,000 lunatics at large in Ireland.—On the 1st of November there were seven hundred and fifty persons in the jails of Ireland committed as dangerous lunatics.—*Caermarvon Herald*.

AMERICAN
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ARTICLE I.

DIVERSITIES OF HUMAN CHARACTER, AND
DELICATE SHADES OF INSANITY—THEIR
RELATION TO OFFENCES AND CRIMES.—

A LECTURE delivered at the Royal College of Physicians, in 1849, by JOHN CONOLLY, M. D., Physician to the Middlesex Lunatic Asylum at Hanwell.

WHEN reflecting on the diversities of the human character, and the inequality of different mental faculties in different men, as manifested in their lives, we perceive that in some the inequality or peculiarity was such, that, although not accounted insane, they were really, to a great extent, of unsound mind all their lives. There have been monarchs, conquerors, judges, women, so cruel that it is impossible to doubt that a taint of madness existed in them. The horrible severities of our Judge Jeffreys were probably only the indications of actual madness, of which paroxysms were induced by his intemperate habits; but the activity of the intellectual faculties kept this man, and other scourges of mankind, from the wholesome seclusion and discipline which might have been serviceable.

The unfeeling eccentricities of Swift were but the earlier symptoms of the insanity which came at length fully upon him, and extinguished his remarkable intellect. Rousseau's eloquent words declare the infirmities of a highly-gifted mind from youth. When he grew older, his restless suspicions made all acknowledge that "he was frenzied"

"To that worst pitch of all, which wears a reasoning show."

And Byron himself, who applied these words to Rousseau, was so manifestly suffering during his whole life from the taint of ancestral faults, as to give bitter truth to his own repeated expressions, that his mind had often known the worst of trials.

There is no name in literature or morals to be pronounced with more grateful veneration than that of Johnson; yet his extraordinary oddities, his wild and singular habits, the difficulty with which he compelled his mind to its great labors, his excessive irascibility, his unmeasured rudeness, even his uncalculating benevolence, and numerous minor peculiarities, show, as some particular periods in his mental life actually declare, that with all his powers he was not at all times of sound mind. When only 20 years of age he was so afflicted with a morbid melancholy, as to be "almost overwhelmed with perpetual irritation, fretfulness and impatience, and with a dejection, gloom, and despair, which made existence misery."—(Boswell.) And from this dismal malady, his biographer says, he was never afterwards perfectly relieved. In his private meditations he speaks of having had "disturbances of the mind very near to madness." His own explanation is the best:—"I inherited," he said to Lady Macleod, "a vile melancholy from my father, which has made me mad all my life—at least, not sober."

Examples of unsoundness in highly-gifted minds might be greatly multiplied, and an instructive book might be written upon them—not, however, by a mere compiler of anecdotes, but by one able to delineate such fine diversities delicately and with discrimination.

If such were any part of my design, I might pass from the consideration of such irregularly-exercised minds, and passionate natures, as those of Rousseau, Swift, and Byron, to a consideration of the less explicable visitation of mental malady in the case of Cowper, and examine how, from time to time, insanity, in its most depressing form, perverted one of the finest, and most delicate, and best-attuned souls that ever addressed itself to song. Pensive, as such minds often are, but pious, and tolerant, and humane, and loving all God's works, and subject to no violence of passion or fortune, his thoughts in harmony with all that was beautiful in earth and heaven, the fits of melancholy to which he became subject, and which finally overwhelmed him, are but another illustration of the mystery with which the physical causes of insanity are yet surrounded. In the life of this distinguished poet, written by Southey, and in the latter portion of the life of Scott, by Lockhart, there are illustrations of the progressive victory of physical disease over mental power which are not less affecting than instructive. They died without reproach. But in the gradual yielding of the faculties in less happy instances, and often before the excuse of old age exists, the control of the reason seems partly withdrawn, often in consequence of evident illness, but sometimes without evident illness, and some low passion or depraved impulse is let loose, and the latter part of life is disgraced, and death is welcomed as a retreat from faults and folly. I believe that, in certain cases of this kind, the individual has had a very slight and almost unnoticed attack of paralysis, on which certain changes of character have supervened.

In one case, at least, which came under my particular notice, an elderly gentleman found that two fingers of one hand had become numb; soon afterwards he became desponding and prone to tears, quite contrary to his ordinary character; and growing more and more despairing, at last shot himself.

Whoever would estimate the various characters of men justly, must take a wide survey of them, and direct especial attention to those in which, whilst there is neither the strength nor the weakness which leads to crimes, there is an equal impossibility of being what can be properly called virtuous.

At the risk of being pronounced fanciful, but with a purpose which I shall afterwards explain, I here select an example of this singular class, and request your indulgence if, to illustrate the mild insanity which sometimes pervades a man's whole life, I introduce the name of the celebrated Mr. Brummell, whose biography, far from having any character of comedy in it, seems to me but the mournful history of a diseased mind, from its gay beginning to its miserable end.

Whoever reads that painful and warning book, will see that this man, whose name is associated with fashion and display, was all his life long the subject of one of those fine shades of insanity in which the perceptions were morbidly intense; regard for the ordinary means of worldly success absurdly absent; the natural feelings, or sentiments and propensities, morbid; and that at length he became actually insane.

At first he possessed talents, set off by a degree of assurance which nothing could daunt. His extreme selfishness led him to foster and nourish every morbid sensation, until he could scarcely endure the presence of common mortality, and re-made his toilet three times a-day, and became the slave of a thousand capricious wants. Dependent on the mere refinements of luxury

for the gratification of touch, sight, taste, and smell, he appears to have had no affections, and no passions. He seems to have been one of that very distinct class of men who are without sexual instincts, and to whom the love of woman is unknown. He threw away professional rank and prospects, and eventually his whole property, for idleness among men of a rank to which he did not by birth belong.

In his later years, deserted by the great, and living in exile, and surrounded by none who knew and pitied his hapless case, he still insanely wasted the means of mere subsistence on the idlest luxuries, spent much of each day in dressing himself elaborately, although his clothes were almost in rags; and could not endure existence without Parisian blacking, costly perfumes, and biscuits from one particular shop. At length, although without money, and sometimes without food, he fancied his desolate French lodging filled with evening assemblies of the noble and the gay, whose names were announced to him, and with whom, in his delirious state, he talked grandly, and wittily, and flippantly, as of old. By a strange retributive destiny, this fastidious man, who had, in his easier days, refined his sensations into instruments of suffering, and who only dressed to be seen and admired, "the observed of all observers," became a spectacle painful to sight, sate at public tables, devouring ordinary food with voracity, and from weakness of body and mind became offensive to the senses of others. He still lived on, and as much as he still could, in public, paralyzed, dirty and insane. But even in this state, no one cared to inquire into the cause of his altered habits and afflictions, and they were not yet understood.

At last he found mercy, which the world could not show him, in the asylum of the *Bon Sauveur*, near Caen. The Sisters of Charity, ever kind and good, tended and soothed the fallen and broken beau, and he lived in that

christian institution for awhile, in peaceful helplessness, and then "turning his face to the wall," silently resigned his frail, imperfect soul to death.

If we attempt to estimate justly the character of those who have most excited the ridicule or the anger of society, we shall find many in whom a slight taint of insanity accounts for, although it may not altogether excuse, their conduct. We cannot but learn, at all events, by such examinations to be slow to condemn; and find reason to view the faults of others more with sorrow than with anger. How few can sincerely say that in themselves no foibles and imperfections, no passion or heedless impulse, no sins, presumptuous or concealed exist, which, in certain circumstances, might not have led to sorrow, or never-ending regret, or despair; to crime, or to shame! "The learned, the judicious, the pious Boerhave," to use the words of Johnson, "relates that he never saw a criminal dragged to execution without asking himself, 'who knows whether this man is not less culpable than me?'"

In families in which there has been declared insanity in the last generation, nothing is more common than to find irregularity of conduct, an insensibility to moral obligations, or some irregular exercise of the mind in certain of their descendants. This is the real explanation of many of those cases of young men in whom all the lower propensities predominate; and of young women, regardless of the refinement befitting their station, or even of decorum. It may seem unreasonable to say that such young persons are not of sound mind; but all who are often consulted about such cases, well know that the mind is really unsound, and generally, to a certain extent, disqualified for forming correct judgments, or for regulating the conduct. The perfect liberty of such persons is inconsistent with the preservation of their character, or

their property, or, in some cases, of their life ; although interference with them not unfrequently exposes their relatives to unjust censure.

These considerations occasionally become of serious importance in relation to offences and crimes committed by persons for whom the plea of unsoundness of mind is set up. Those who condemn the occasional support of such a plea by medical witnesses, are not aware how much oftener medical men are solicited to support such excuses, and how often they refuse ; and that when they do support such a plea, it is from convictions which it would be cowardice and dishonor to disobey. We may refuse it in the case of a cruel commander, whose drunken pastime it is to maim or murder persons under his control, and removed from protection ; and also in the case of young gentlemen of family who commit forgery, and defraud a tradesman, and excuse themselves by saying that they are conscious of a morbid desire to amass wealth. In such cases, strange to say, the law sometimes throws its shield over the criminal, without requiring medical opinions ; whilst in other cases, where the medical observer declares that there is a diseased mind, the law despises the assertion altogether.

However liable the plea of insanity may be to abuse, it would be cruel and unjust in many cases to exclude it. Its object is to screen the irresponsible, and, therefore, the innocent, from the terrible punishments allotted to guilt and crime. A medical man must shut his eyes to the truth if he denies the frequent occurrence, in morbid minds, of impulses to actions which the patient himself cannot control ; and if these actions are criminal, the want of control is still true in many instances.

In acute mania, or in profound melancholia, homicide or suicide would be generally ascribed to disease ; but the greater number of cases are less clear to the public comprehension.

Physicians who are much consulted in mental disorders well know that nothing is so common as for patients to detail the impulses which torment them—impulses sometimes merely to walk, run, shout, turn round and round, or to break windows and crockery, and quarrel loudly and long with anybody that comes in the way, or to drink anything that will intoxicate them—impulses sometimes confined to thoughts and language; as when persons of piety find blasphemous or indelicate thoughts and words obtruding themselves upon them at church or in their private devotions; but often, more distressing impulses to steal, or to set fire to buildings; or in the cases in which affectionate women lament that their love for their husband continuing unabated they have frequent suggestions to murder him; or that, although they tenderly love their children, they dread to be alone with them, feeling as if they must kill them, or tear out their eyes, or otherwise injure them. The will has nothing to do with those cases; and the reason is felt to be so frail a protection that the patients voluntarily leave their homes for a period, fearing they shall commit some crime.

Yet, in these cases, the patients mix in society, like other people, and show no ordinary signs of unsoundness of mind; although not only subject to these often-recurring suggestions, but to that of self-destruction.

A lady, 45 years of age, and the mother of thirteen children, related to me that at 14 years of age she recollects that she used to suffer from vague and distressing apprehensions, and to be much agitated. She says she was always hysterical. This lady was of a most amiable disposition, naturally cheerful and intelligent, much attached to her husband and children, an excellent manager in her family, and when separated from them, wrote them letters full of good feelings and sound advice. But for more than seven years, except during her pregnancies, she avowed that she had suffered from peculiar

impulses, directed towards a particular individual, between whom and herself nothing had ever passed beyond the civilities of ordinary intercourse. At other times her impulse was to bite her children, her husband, or her friends. She said she felt that she must bite their noses off; and she snapped her teeth for hours together. She interrogated, and often reasoned with herself, repeating every expression sixteen times, beginning again if she made any mistake in the repetition. She described all her symptoms in the most collected manner, expressed wonder at the folly of some of them, and bewailed with tears the opposite nature of others to all that was natural in her character. She lamented that the more repulsive and wretched a thought was, the more she felt, at times, as if it must be dwelt upon and put into words. She said that she had sung, screamed and danced, with the wild and wicked impulse of being the wife of the devil; and had sometimes wished that she could make herself worse and become mad. When I saw this patient, she had been for a short time under the direction of a physician practising in diseases of women, who had ascertained that the os and cervix uteri were in an extremely vascular and irritable condition.

A woman, 40 years of age, and several years insane, said to me that when her excitement returned, she felt as if it would delight her to seize somebody, throw them down, and trample upon them until they were dead.

Another, never insane enough for confinement, told me she sometimes lay awake in the night, looking at her husband, and thinking how easily she might kill him with the broom-handle; and that she awoke him, that his talking to her might drive these thoughts out of her head.

Whilst a friend of mine was at Strasburg, a soldier became the subject of a sudden homicidal impulse. He sallied out, resolved to kill the first person whom he met, whomsoever it might be. It happened that an artist,

who had a house in the suburbs, was pruning his vines, and the soldier attacked him, and cut his throat.

During the summer before the last, a lady, the wife of a gentleman of fortune, got up in the night, walked out of the house, and drowned herself in the pond. In the morning the gentleman awoke, and found his wife missing. There had been no previous suspicion of melancholy, or despondency, or insanity.

Innumerable cases might be added to these; and when, in such circumstances, a great crime is committed, society feels it very difficult to decide on the guilt and responsibility of the person committing it. Supposing, for instance, the lady last mentioned had murdered her husband in the night, and that if, after the act, she had become calm (which is not an uncommon case), what jury or what judge would much regard medical testimony as regarded the fact of such temporary madness?

A young woman in the Hanwell asylum, subject to fits of violent hysteria, for a time loses all apparent sense and consciousness. For a day or two homicidal ideas entirely possess her; and she has been known to take a large knife from the kitchen, with some vague intention of committing murder. After a day or two, these ideas depart, and the impulse to homicide exists no more.

Impulses to destroy themselves are most common among lunatics, and frequently exist without any wish to obey the impulse. They will even pray to be protected from themselves. In one instance, a man who was discharged from the asylum became partially insane on returning to his own home. He was in perpetual fear that he should cut his throat when shaving; and he voluntarily returned to the asylum, that he might be taken care of.

In those cases in which the temporary impulse is to kill some other person, murder may be committed in the paroxysm; and after the act, the paroxysm having sub-

sided, the question of the responsibility of the patient, and of the state of the mind at the time of its committal, becomes difficult for a jury to decide upon.

Such a case was tried two years ago. A tradesman, about 50 years of age, remarkable not only for uprightness in all his dealings, but for the kindness of his disposition, and whose benevolence had been strongly manifested on several occasions, became involved in his affairs. About the same time one of his friends, whom he much regarded, committed suicide. His temper underwent a change; he was noticed to be obstinate and reckless, and liable to alternate fits of depression and anger; his nights were often sleepless, and his appearance became worn and haggard. Sometimes he seemed feverish; his memory often failed; he gave inconsistent orders; he could not keep his accounts correctly. There were certain transactions between him and one particular creditor, concerning which it was found impossible to make him take a rational view; he considered that this creditor was engaged, in company with others, in a conspiracy to ruin him. It happened that he lost money by several of his customers, nearly at the same time, one of whom very unexpectedly absconded. He became almost frantic, wrote large placards, which he wished to be affixed to the houses of those who had duped him, and complained that all the world was conspiring against him. When in this state of mind, an execution was put into his house by the creditor above alluded to; and the unfortunate man tore his hair, stamped, cried, and was thrown into an agony of distress. For many nights afterwards he was known scarcely to sleep; and he was observed to be restless, irascible, and feverish and thirsty during the day. At the end of this time he went out, armed with an old pair of pistols, which he was not known to have touched or seen for many years; and calling at the office of his creditor, fired one of them at

him, wounding him severely in the face ; and discharged the other at his own head, with the effect of slight temporary injury. But after a few days, the person committing this outrage became perfectly tranquil, and he has remained so ever since. He was tranquil in prison, and in no degree desirous of the plea of insanity being advanced in his favor, although he said he felt wholly at a loss to explain his even thinking of the pistols, which he scarcely knew how to load ; and that all that he had done was now unaccountable to him. The question in this case was, at the trial, whether the prisoner was of sound mind at the time of committing the crime with which he was charged ? The jury were satisfied that he was not ; and it did, indeed, appear that the approach of a maniacal attack had in this case been gradual, that at length it reached its climax, and manifested itself in actions quite opposed to the ordinary character of the prisoner ; and that after proceeding to the extremity of violence and fury, the mind recovered, either gradually, under the influence of new and impressive circumstances, or all at once.

In all these cases, a court of justice requires from a medical witness a positive opinion as to the state of the accused person at the time of committing the crime, and as to his having been able at the time to distinguish right from wrong. No absolute rule can be laid down for his guidance. Each case must be carefully considered by itself, with all its preceding and attending circumstances. No single test can be safely relied upon. There may be delusion, or no delusion ; premeditation and plan, or neither ; apparent motive, or no apparent motive. Many insane people act from motives sufficiently apparent, and plan crimes with abundant premeditation, contrivance and cunning. They often exercise these powers without intending any crime, but in furtherance of some vague or insane object. A gentleman, an officer of engineers,

confined in a private asylum near London, had for some time meditated escape. One day, when some workmen were in the house, he affected a particular interest in the construction of the lock of a door, and persuaded one of them to take it off for his inspection. He took it to pieces, put it together again, and volunteered to fix it again to the door, which he did, in a very workman-like manner; but he had first abstracted from the lock the portion of hard metal the use of which is to prevent the key from being turned too far backward. Soon afterwards he escaped from the asylum in the night; and much wonder was excited when it was found that he had managed to saw in two one of the iron bars by which the windows of his room had been, it was supposed, securely guarded. No one, not even the policeman, could conjecture how this was done. The patient was soon retaken, and in his pocket was found the piece of metal which had been so useful to him, and which he explained that he had employed in sawing the bar through. Here were premeditation, contrivance, an object or motive, and all the quiet precaution of a reflecting man; yet the patient was so decidedly insane, that when he had effected his escape, his first step was to proceed to Apsley house, where he announced himself as the Marquis of Wellesley.

Nor is the question of the prisoner's knowledge of right and wrong always easily decided. There are not a few individuals in the world whose sense of right and wrong is always dull and incomplete. There are moral idiots. The affections are as imperfect or as wanting, in some human beings, as any of the faculties of the intellect are in others. Such an excuse for crimes cannot, it is evident, be admitted without danger, yet it sometimes exists, and in strict justice ought to be admitted.

But there are some insane persons, and not a few, who do know right from wrong, and yet who would do the

wrong if permitted. They know that murder is wrong, yet they would kill certain persons if at large. It is most difficult, in some of these cases, to draw a distinction between insanity and crime. The question is raised of course, in all such cases, as to their having retained that sense of right and wrong at the moment of committing the crime; and to decide on the extent to which an uncontrollable temper, or furious passion, has rendered them incapable of listening to the voice of reason and conscience is not easy.

In all these cases, each case must be judged by itself. The medical man's duty is to inquire most carefully into all the facts, and having formed his opinion, to pronounce it sincerely and fearlessly. He speaks as to the real psychological condition of the accused; and with the consequences he has nothing to do. Society must do as it chooses with the question, or with the case, as a moral or social question, and deal with these cases as it thinks best. It is the painful and difficult duty of others to view these questions solely as legislators and defenders of society. Medical men must steadily view them as physicians, physiologists, psychologists, and not be scared away from what they know to be true, nor from declaring it.

Every separate circumstance requires to be weighed in relation to the particular case. In one case an habitually good character may be a ground of defence; in another, an habitually bad one. The parentage, the education, the early life, and the events of several years: the pursuits and habits of the patient; must all be considered.

Society is inconsistent and unjust in these cases; sometimes demanding a life with eager accents, and reviling those who prevent the execution; and at other times refusing to permit such precautions to be taken as might prevent the commission of a crime by a madman.

Temporary excitement and social prejudices equally render justice difficult. A vain, foolish, mischievous youth, commits the outrage of firing a pistol loaded with powder at the Queen's carriage; or a man whose madness is incontestable, and who ought long before to have been in an asylum, commits murder, and the public outcry is for an execution. If a man in the humble walks of life were to accuse his wife of many and impossible infidelities, and to attempt to wound her with a carving-knife; if he were to assert that he communicated with spirits, and, imagining other persons to have secret influences over him, were to assault them, he would immediately be dealt with as a lunatic. If a rich man does all these things, noble and distinguished persons interfere to prevent his liberty being encroached upon. Yet if, during any controversy then arising, the rich man were to assassinate his wife, the plea of insanity would as cagerly be set up for him; he would certainly not be treated as a vulgar criminal, and hanged. Those who animadvert most freely and frequently on the evidence of medical men in these cases have, I believe, given scarcely any attention to the actual question of responsibility in each case, or to the inconsistencies so often committed in relation to the care of the person and the property in such cases; and the subject is far too extensive and too intricate to allow me to treat fully of it on the present occasion.

Within the last few years the frequency of juvenile crime has often suggested to reflecting men the possibility of the education accorded to the juvenile criminal being more efficiently applied to the juvenile part of our poorer population *before* their entrance on a career of crime. Leaving this question to those better able to decide it, I have no hesitation in saying, that there are to be found among children and youth many who, from an inherent proneness to criminal actions, ought to be

constantly and carefully superintended and guarded. But the pride of families and the prejudices of the public equally forbid such salutary precaution. The result is, that crimes are committed which might have been prevented; and when this result takes place, the virtuous indignation of the public knows no bounds: judges rejoice that juries find a verdict against a poor, miserable, diseased child; and the newspapers dwell with a ferocious joy on the defeat of medical testimony.

To those to whom these lectures are addressed, what more I have to say on this part of the subject may seem but to be made up of truisms. Beyond these walls, the public voice condemns these truisms, or disregards them; and a re-action against the humane spirit of the age, partly, it must be confessed, excused by the extraordinary prevalence of horrible crimes, prompts too visible a desire for the crowded scaffolds of half a century ago. But in that age--intellectually as dark as any since the creation of man--it seems to have been believed that every child, not an absolute idiot, was born with equal intellectual and moral capacity; and by scholastic severities and public punishment pedagogues and legislators strove alike to balance apparent inequalities in talents and in morals; and alike strove in vain.

More intelligent views now prevail. It is generally admitted, that where a child is always unreasonable, mischievous, and disposed to hurt itself or others, it must be considered insane. A case lately occurred at Brompton, in which a child had convulsions when three weeks old. At the age of one year, it was always restless and screaming, and pressing its hand to its forehead. At two years old it was continually endeavoring to tear its own face, or to push other children into the fire. At last this wretched child died in convulsions; and the brain was found diseased, and there was a tuberculous abscess in the cerebellum. Less extreme cases are in

all probability associated with less extensive disease, or with a general defect in the composition of the brain. There are instances, in which children, yet living, have several times attempted suicide. During the last year, the newspapers have contained an account of a murder committed by a boy 9 years of age, his little sister being the victim. The first and second plates in the *Outlines of Lectures* by Sir Alexander Morison represent a little girl, of 6 years of age, who was decidedly insane, but recovered after two years' illness. In all these cases disease may be fairly presumed.

Not long ago, a boy, not quite 12 years of age, took the life of his grandfather by mixing arsenic with the sugar which he knew he would take with his fruit after dinner. The crime itself, in one of such tender years, afforded at least a strong presumption of unsound mind. When visited in Newgate, this boy was found to be of stunted growth, with a downcast look, a face scarred with scrofula, and a manner indicative of indifference to his position and insensibility to his crime. He was, it appeared, the unhappy son of an intemperate and epileptic father, who had died insane. It was related by his family, that from childhood he had been mischievous beyond the limits of childish mischief, regardless of truth, insensible to reproach, and apparently incapable of remorse or shame. And thus he seemed still to be; careless of his situation, and apparently unmoved by the near prospect of trial, and of death itself.

The medical attendants of this boy's family had previously expressed their opinion that his mind was not sound. It was a case in which, if any physician connected with an asylum had been specially consulted respecting the bodily and mental character of the patient, he would have pronounced him to be faultily organized, diseased from birth, disposed to insanity, and requiring systematic education, and long-continued care. His in-

tellect might be acute, but his moral sentiments were undeveloped, and his propensities, as he grew older, might be expected to become the governing powers of his actions. Evidence of this kind was, indeed, adduced at his trial, but it was entirely disregarded by the jury, and scoffed at by the judge, who declared that he rejoiced that a verdict of "guilty of murder" was returned, and the plea of a diseased brain scattered to the winds. The press applauded the judge, and covered the doctors with abuse. Yet, after all, the boy was not hanged, but sent to school to be improved. Such verdicts, and such judicial extravagance, are disgraceful to the present state of psychological knowledge. If the jury were right, and the triumph of the judge was just and decent, the boy ought to have been hanged high in the air. But not even the power of the press, ever echoing the prejudice of the time, could prevent the exercise of some greater power, by which the execution of an insane child was mercifully and justly prevented.

Such inconsistencies must shake the faith of every man in the legal view of these cases; and even the rapid and imperfect survey now made of the diversities, inequalities, and weaknesses of the mind, must show, I think, at least, that the relations of insanity and crime require a more dispassionate consideration than the public, or than legal functionaries, have lately, or ever, vouchsafed to them; and that the maxims of the law are not accordant with the natural phenomena of disordered states of mind actually leading to criminal actions, and therefore require revision. The time for this revision must come. Even those who are little affected by sentiments of compassion cannot always forget, that, on whatever vantage ground they stand in this life, yet for their conduct towards those accused of crime, as for all their conduct to their fellow-creatures, they are responsible to a higher tribunal.

In the meantime, medical men ought not to shrink from these cases. A wretch driven mad by poverty, or disappointment acting on a distempered brain, has no other friends in this world.

The same courage which causes the physician to brave the dangers of pestilence should support him in this duty, beneath the assault of pestilent tongues and pens. Not the voice of the people, calling for executions, nor the severities of the bench, frowning down psychological truth, should shake his purpose as an inquirer and a witness. His business is to declare the truth. Society must deal with the truth as it pleases.

Doubtless, in some cases, the difficulty of discovering the truth is extreme, or even how far punishment may be justifiable or salutary, when a criminal is to a certain extent insane. But in the numerous gradations of intellect and feeling in different human beings, there must be a point, as we descend from the highest intellects towards the perfect idiot, at which responsibility ceases, and impunity begins. No one but God can determine this point in every case. The defect or imperfection may be in the whole character and intellect, or limited to parts of the intellect, and parts of the character only; and none can weigh and estimate this accurately but God, who made all men, and knoweth whereof they are made. Man presumes in vain to fix this point in every case. The natural and acquired defects of any individual, his temptations, his resistance, his strength and his weakness, and, therefore, his actual sinfulness and responsibility, can only be known to Him to whom all hearts are open, and from whom no secrets are hid. But, in our obscurity and doubt, we should carefully and seriously weigh each case; and, although anxious to protect society, never be induced to despise the evidence of truth, and the dictates of mercy.—*London Lancet.*

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ARTICLE II.

ON PARTIAL INSANITY.

BY LORD BROUGHAM.

WE copy the following observations on Partial Insanity from our able cotemporary, *The Jurist*. They arose out of an appeal, heard before the Privy Council, from the sentence of the Court of Arches, refusing probate to the will of Sarah Gibson, published, or purporting to have been published, on the 1st of March, 1834. It will be perceived that his lordship, in delivering judgment, repudiates the idea of partial insanity, maintaining the *unity and indivisibility of the mind*. He also argues, that if the intellect be unsound on one point—the unsoundness at all times existing—it is erroneous to suppose the mind to be in a really sane state on other subjects. The will of such a person, apparently ever so rational and proper, is legally void. In the eye of the law, a delusion is defined to be—a belief in things as realities, which exist only in the imagination of the individual. The incapacity to struggle against a delusion constitutes unsoundness of mind. To constitute a “lucid interval,” the party must freely and voluntarily, and without the design of pretending sanity, confess his delusion. After making

a few preliminary observations, Lord Brougham observes—

“ The principles which must govern a case of this description are sufficiently clear, and they may be regarded as well settled by the current of former decisions. Indeed, they flow easily, from considering the nature of the inquiry in which such cases engage us. The question being, whether the will was duly made by a person of sound mind or not, our inquiry, of course, is whether or not the party possessed his faculties, and possessed them in a healthy state. His mental powers may be still subsisting, no disease may have taken them away, and yet they may have been affected with disease, and thus may not have entitled their possessor to the appellation of a person whose mind was sound. Again, the disease affecting them may have been more or less general—it may have extended over a quarter, or a less portion of the understanding; or rather we ought to say, that it may have affected more, or it may have affected fewer, of the mental faculties: for we must keep always in view that which the inaccuracy of ordinary language inclines us to forget, that the mind is one and indivisible; that, when we speak of its different powers or faculties, as memory, imagination, consciousness, we speak metaphorically, likening the mind to the body, as if it had members or compartments; whereas, in all accuracy of speech, we mean to speak of the mind acting variously—that is, remembering, fancying, reflecting—the same mind, in all these operations, being the agent. We therefore cannot, in any correctness of language, speak of general or partial insanity; but we may, most accurately, speak of the mind exerting itself in consciousness without cloud or imperfection, but being morbid when it fancies; and so its owner may have a diseased imagination; or the imagination may not be diseased, and yet

the memory may be impaired, and the owner be said to have lost his memory. In these cases, we do not mean that the mind has one faculty, as consciousness, sound, while another, as memory, or imagination, is diseased; but that the mind is sound when reflecting on its own operations, and diseased when exercising the combination, termed imagining, or casting the retrospect, called recollection.

“This view of the subject, though apparently simple, and almost too unquestionable to require, or even justify, a formal statement, is of considerable importance when we come to examine cases of what are called, incorrectly, partial insanity, which would be better described by the phrase “insanity,” or “unsoundness,” always existing, though only occasionally manifest. Nothing is more certain than the existence of mental disease of this description. Nay, by far the greater number of morbid cases belong to this class. They have acquired a name—the disease called familiarly, as well as by physicians, “monomania,” on the supposition of its being confined, which it rarely is, to a single faculty, or exercise of the mind, which is sound, to all appearances, upon all subjects save one or two, and on these he shall be subject to delusions, mistaking for realities the suggestions of his imaginations. The disease here is said to be in the imagination,—that is, the patient’s mind is morbid, or unsound, when it imagines; healthy and sound when it remembers. Nay, he may be of unsound mind when his imagination is employed, on some subjects, in making combinations; and sound when making others, or making one single kind of combination. Thus, he may not believe all his fancies to be realities, but only some, or one; of such a person we morally predicate, that he is of unsound mind only upon certain points.

“I have qualified the propositions thus on purpose, because if the being, or essence, which we term the

mind, is unsound on one subject, provided that unsoundness is at all times existing on that subject, it is quite erroneous to suppose such a mind really sound on other subjects. It is only sound in appearance; for, if the subject of the delusion be presented to it, the unsoundness which is manifested, by believing in the suggestions of fancy as if they were realities, would break out; consequently, it is as absurd to speak of this as a really sound mind—a mind sound when the subject of the delusion is not presented—as it would be to say that a person had not the gout, because, his attention being diverted from the pain by some more powerful sensation, by which the person was affected, he for the moment was unconscious of his visitation. It follows from hence that no confidence can be placed in the acts, or any act, of a diseased mind, however apparently rational that act may appear to be, or may in reality be. The act in question may be exactly such as a person without mental infirmity might do. But there is this difference between the two cases: the person uniformly and always of sound mind could not, at the moment of the act done, be the prey of morbid delusion, whatever subject was presented to his mind; whereas the person partially insane—that is to say, sometimes appearing to be of sound, sometimes of unsound mind—would inevitably show his subjection to the disease the instant its topic was suggested. Therefore we can, with perfect confidence, rely on the act done by the former, because we are sure that no lurking insanity, no particular, or partial, or occasional delusion does mingle itself with the person's act, and materially affect it. But we can never rely on the act, however rational in appearance, done by the latter, because we have no security that the lurking delusion, the real unsoundness, does not mingle itself with, or occasion, the act.

“ We are wrong in speaking of partial unsoundness; we are less incorrect in speaking of occasional unsound-

ness. We should say that the unsoundness always exists; but it requires a particular topic, else it lurks and appears not. But the malady is there; and as the mind is one and the same, it is really diseased while apparently sound; and really its acts, whatever appearance they may put on, are only the acts of a morbid or unsound mind. Unless this reasoning be well founded, we cannot account for the unanimity with which men have always agreed in regarding, as the acts of an insane mind, those acts, to all appearance rational, which a person does who labours under delusions of a plainly extravagant nature, though there is nothing in the act done, and nothing in the conduct of the party while doing it, at all connected with the morbid fancies. If these fancies only affect the parties now and then—if for some months he is free from them, labouring under them at other times—then his acts, apparently rational, would not be regarded as those of a person mentally diseased. But, if we were convinced that, at the time of doing the acts, the delusion continued, and was only latent by reason of the mind not having been pointed to its subject, and would have instantly shown itself had that subject been presented, then the act is at once regarded as that of a madman.

“ Thus, there have been many cases of persons labouring under the delusion that they were other than themselves: some have believed themselves deceased emperors or conquerors; others, supernatural beings. Suppose one, who believed himself the Emperor of Germany, and on all other subjects was apparently of sound mind, did any act requiring mind, memory, and understanding—suppose he made his will, and either did not sign it before signing was required, or, if he did, signed with his own name, but suppose we were quite convinced, that, had any one spoken of the Germanic Diet, or proceeded to abuse the German emperor, the testator’s

delusion would at once break forth—then we must at once pronounce the will void, be it as efficacious and as rational in every respect as any disposition of property could be; of course, no one could propound such a will with any hopes of probate, if it happened that, while making it, the delusion had broken out, even although the instrument bore no marks of its existence at the time of its concoction. It must always be a question of evidence, on the whole facts and circumstance of the case, whether or not the delusion existed at the time of the factum—that is, whether had the subject of it been presented, the chord been struck, there would have arisen the insane discord, which is absent to all outward appearance from the chord not having been struck.

“The principles laid down do not at all differ from those on which the Courts have acted, which text-writers have constructed, and which scientific men, both moralists and physicians have approved.

“In the well-known case of *Dew v. Clark*—reported 3 Add. 97, but also reported, with the great advantage of the learned judge’s corrections, and published separately by Dr. Haggard—we find Sir John Nicholl stating, that mere eccentricity is not enough to constitute mental unsoundness, nor great caprice, nor violence of temper, but that there must be an aberration of reason; and he adopts a definition of delusion given by the learned counsel in the cause, (now a member of this Court,) believing it well described by the expression, that it is “a belief of facts which no rational person would have believed.” Perhaps, in a strictly logical view, this definition is liable to one exception, and, at least, exposed to one inaccuracy—that it gives a consequence for a definition; and it may be more strictly accurate to term “delusion” the belief of things as realities which exist only in the imagination of the patient. The frame or state of mind which indicates his incapacity to struggle against

such an erroneous belief, constitutes an unsound frame of mind. Sir John Nicholl justly adds, that such delusions are generally attended with eccentricities—often with violence—very often with exaggerated suspicions and jealousies.

“Lord Hale lays it down, that insanity may be general, and it may be partial. “There is,” says he, “a partial insanity of mind, and there is a total insanity;” and the former, he says, is expressed by the phrase, “quoad hoc vel illud insanire.” (1 P. C., c. 4. s. 2.) But Sir John Nicholl (and Hale does not differ) speaks of partial insanity as only that which is occasionally called forth, and not that which only exists occasionally. The authority of Lord Hale is quite consistent with the position, that the disease is always present, and not apparent by the accident of the proper chord not having been struck at the time; and Sir John Nicholl more expressly says, in explaining what he means by *occasional*, “a delusion, not called forth except under particular circumstances.”

“In all the cases there are delusions occasionally manifested, and a state of mind incapable of mastering them. (Hagg, p. 6.) Dr. Willis, on Mental Derangement, p. 151, clearly states that men often mistake, for a lucid interval, the mere absence of the subject of delusion from the mind. He says, no madman can be said to have recovered his reason unless he freely and voluntarily confesses his delusion: to which I take leave to add, that the confession or admission must be, not only freely and voluntarily, but made without any design at the time of pretending sanity and freedom from delusion, according to the known or suspected view of the inquirer, and acting a part accordingly.

“There is a noted instance of the power sometimes possessed by lunatics to restrain for the moment, and for a purpose, their imagination, and conceal their delusions. It occurred in a case, tried at Guildhall, by Lord

Mansfield, where one Wood, who had indicted Dr. Munro for detaining him in his mad-house, was able completely to evade all questions on his delusion, though some time before, in another indictment, tried at Westminster, he had readily fallen into them when examined. The defendant was accordingly obliged to give evidence at Guildhall of what had taken place at Westminster. (27 How. St. Tr.) If these are the principles upon which all cases of this description must be decided, there are others applicable to all cases whatsoever, but especially to such as rest upon circumstantial evidence. The burthen of the proof often shifts about in the process of the cause, accordingly as the successive steps of the inquiry, by leading to inferences decisive, until rebutted, cast on one or the other party the necessity of protecting himself from the consequences of such inferences; nor can anything be less profitable, as a guide to our ultimate judgment, than the assertion which all parties are so ready to put forward in their behalf severally, that, in the question under consideration, the proof is on the opposite side.

“ Thus, no doubt, he who propounds a later will, undertakes to satisfy the court of probate that the testator made it and was of a sound and disposing mind. But very slight proof of this, where the factum is regular, will suffice; and they who impeach the instrument must produce their proofs, should the party *actor*, the party propounding, choose to rest satisfied with his *primâ facie* case, after an issue tendered against him: in this event, the proof has shifted to the impugner, but his case may easily shift it back again. So, where any circumstances of grave suspicion arise at the outset of a case, as that a will is shown in the outset to have been made and published in a lunatic asylum, (which I have known to happen,) the burthen of proving, and very satisfactorily proving, the testator's sanity, would be so clearly on the

propounding party, that no further proof would be required to impugn it. In the present case, there is a circumstance of a somewhat similar description.

“It is not denied that, some years after the factum—that is in 1841, the testatrix was found a lunatic by inquisition; that she died undoubtedly insane, and that the madness was found by the jury to go back to within four years of the date of the will. This clearly made it incumbent on the party propounding to show the sanity, by much clearer proof than would have been required, had no such disease been admitted, on all hands, to have clouded her understanding towards the close of her life. But it is also to be observed, that insane delusions are very clearly shown to have taken possession of her mind previously to the date of the will; and, although the degree of disease which then existed has been made the subject of dispute, no one can pretend that there was perfect soundness of mind some few years before March, 1834. This renders it still more necessary for the court of probate to be satisfied that these delusions had ceased, and the mind recovered its healthy state before the factum. Nor is this all; the delusions, which existed at an early date, are proved to have increased after the will was made. They gathered force until it became necessary to sue out a commission; and the result of the inquisition was, that in 1838 she had become perfectly insane. Thus it becomes quite impossible to disconnect the different periods of this unhappy person’s history. There is every probability that the diseased state, which commenced before the factum, continued up to its date. The likelihood is, that the delusion, of which evidence exists before and after, continued during the intermediate time, although no proofs may be obtained of the precise fact; and all the presumptions, which would otherwise have been in favour of sanity at that date, are turned the other way by these important circumstances. Hence, it

is not at all a just and correct view of this case, which affirms that the presumption is in favour of the testatrix's soundness; and the proof of continued delusion is thrown upon those who deny it, merely because there is no evidence directly applicable to the date of the will.

“ No one, who finds a person labouring under the same kind of delusions before and after a given period, can be justified in refusing his belief to their continuance during the interval, unless clear evidence be produced of their having ceased for a time, and then returned. The very great probability is, that they existed all the while, and were only not apparent, because the subject with which they were connected did not happen to be openly mentioned before others who might give evidence. The very great probability is, that the patient laboured under them all the while, although she did not openly declare her belief in them, and act or speak under that belief.

“ Another observation remains to be offered, before proceeding to a more minute commentary on the evidence. The existence of delusions being proved, and their continuance being proved or assumed at the date of the factum, so that the court is satisfied of the testatrix then labouring under their influence, it is wholly immaterial that they do not appear in the will itself. The party propounding often approached this point in argument, and repeatedly adverted to the fact—perhaps we should rather say, the assertion or assumption—that this will betrays no marks of the alleged delusions. There was a manifest disposition to lay down a rule, that no person labouring under monomania or partial insanity can be deemed intestable, unless the kind of insanity appears on the face of the will. But there was wanting the courage to lay down a position which would at once have been rejected, and must have been met by the question—‘ Could any court admit to probate the will of the man who said, (in the

case cited by Sir John Nicholl, in *Dew v. Clarke*,) 'I am the Christ,' although that will bear no marks whatever of an unsound mind, still less of the dreadful delusion under which the party laboured?' It is hardly possible, on the other hand, that any will can be so framed as to rebut all presumptions of insanity arising from proved facts."—*The Journal of Psychological Medicine*.

ARTICLE III.

INSANITY AND CRIME.

[WE cut the following article from a Boston paper written, we have the best authority for believing, by Dr. Bell, the Superintendent of the M'c Lean Asylum. It is an admirable reply to those sneers at the plea of insanity, in which respectable, and otherwise intelligent, men sometimes indulge. If the frequency of this plea has grown into an evil, it would better become such men as Mr. Bigelow, to ascertain its causes and furnish a remedy by means of suitable legislation, than to throw suspicion upon the honesty or intelligence of medical men who are called on for their opinions.—*Ed.*]

To His Honor the Mayor:—

SIR,—In your Inaugural Address delivered yesterday you were pleased to say, while deprecating the morbid feelings and false philanthropy respecting criminals unfortunately existing in our time, that "should

no technical flaw in the preliminary proceedings open the dock to the exulting prisoner before the hearing of evidence, he has GOOD REASON to hope that some plea of *partial insanity*, *somnambulism* and the like, will screen him at the hands of the jury."

It is very natural that a public prosecutor, intent on gaining a triumph in the conviction of any prisoner whom the Grand Jury may have indicted, should, from a certain professional bias, throw a fling at a defence, which, when sustained, is certainly the highest and most conclusive which can be imagined. It is also quite in character that the unthinking multitude, little acquainted with difficult questions of this nature, in an instinctive horror at bloodshed and crime, should at once condemn any palliation which deprives them of the satisfaction of "blood for blood." Nor is it strange, that newspaper reporters, cheated of all the rich harvest of the horrible to be expected betwixt a homicide and the gallows, should join in slurring a defence pretendedly so frequent and so baseless. Impressions and feelings dependent on such a state of information and sensibilities may be safely left unnoticed and unanswered.

When, however, the chief magistrate of a city, distinguished for its stand on all the great relations of science and philanthropy, deliberately makes a statement like yours, as a basis for the judgments and actions of his fellow-citizens, hereafter acting as lawgivers, jurors, and philanthropists—it may not be deemed uncalled for to make a brief examination of the grounds on which he predicates "the good reasons" above suggested.

The writer might deny the allegation that any prisoner had *good reasons* for any such expectation of immunity in setting up the plea of "partial insanity," or "somnambulism," and demand the proof. But as he cannot expect a high dignitary of the metropolis to descend to such an attempt,—perhaps even the writer may have as

extensive a magazine of facts touching this subject, as your Honor may have collected among the many topics calling for your official action,—he will take the laboring oar in endeavoring to demonstrate that this, no doubt hastily conceived, but not less consequential, opinion, (considering its source,) is not supported by a single fact, and is as baseless as any random expression uttered by the most thoughtless, unofficial citizen.

And first, the defence of *somnambulism* was never set up but in ONE instance in any Court. The Jury, on the inquiry of the Judge, declared that *they threw that entirely out of the case in forming their verdict*. In fact, in this case, whatever the popular feeling might have been, it is believed that legal minds concurred, that a link in the chain of circumstantial proof was wanting. Can any *sane* prisoner find *good reasons* for hope in this single event?

The defence of insanity has, in some few cases, perhaps not more than four or five times in the last fourteen years, in this Commonwealth, been offered. In every single instance where acquittal has taken place on this ground, the prisoner has been sent to the State Lunatic Hospital by the statute, and has there become the subject of the vigilant, long-continued examination and observation of its officers and Trustees.

Is it not the fact, Mr. Mayor, that every individual so confined after such acquittal, has subsequently given the most abundant proofs that *the verdict of the Jury was well-founded and true*? Can a *sane* prisoner find *good reasons* for hope in a result which certainly seems to demonstrate that insanity is a disease capable of being recognised by skilful and experienced men?

Again, your Honor may be aware that in consequence of events growing out of the case of Abner Rogers, who was acquitted of killing the warden of the State Prison, and sent to the Worcester Hospital, where he soon had

renewed outbreaks of insanity, in one of which he threw himself, in the midst of the chapel service, headlong through the window, thus killing himself,—a Commission of Lunacy was appointed to examine quite a number of convicts in the State Prison represented to be insane, and such others as might hereafter be found in that institution. Quite a number of such were found—some of whom had become insane in prison—more, however, had *not* this defence of insanity set up on their trials, although it was undoubtedly true—and sent to the hospital at Worcester, where, in every instance, the judgment of the Commission was demonstrated by time and observation, to have been correct. Will this fact warrant a prisoner in any such “good reasons?” Again, notwithstanding the outcry which was raised by the timid and the ignorant at the formation of this Commission, as holding out a temptation to prisoners to simulate lunacy, it being confidently averred that half the prisoners would be pretending to be insane, the fact has been that simulated lunacy has been almost entirely abolished since the convicts have known that any such symptoms would be scrutinised by those presumptuously not likely to be deceived. A single pretender only has had the hardihood to attempt such feigning. The simulation was detected at the first examination, and forthwith confessed. The Commission, instead of testing half the prisoners, is scarcely called to the prison of late once in a twelve-month. Would any *sane* prisoner find “good reasons” in the event of this law?

Again: during the period since the doom of the insane homicide has been perpetual incarceration in an insane hospital, instead of the gallows, individuals have had the defence of insanity set up for them, have not had it sustained by the jury, but who yet have had the punishment of death commuted to a life sentence in the State Prison, because the executive had doubts of the prisoner's sanity.

The event has shown that *one* innocent man would have suffered by an execution. Point out the ten guilty who have escaped by the plea—point out the *one* who has, in all New England? You cannot. Inquire into the case of William Freeman, who was found guilty of murder year before last, by the verdict of a jury, but whose symptoms became so palpable before execution, that a new trial was allowed on some legal point. He died before the day, and on examination, his brain was found a mass of old discase. The late Dr. Brigham, who was present at the *post mortem*, has recorded that “he had rarely found so extensive discase of the brain in those who have died after long continued insanity,” and that few cases in the books paralleled it.

When you next are at the State Prison, Mr. Mayor, ask the Warden his opinion, after five or six years’ observation, whether justice would have been done if Capt. Alexander Britton, found *guilty* of murder, and sentenced, had been executed?

Will any *sane* man find “good reasons” to distrust the plea of insanity in facts like these? The experience of Massachusetts as respects the uniform subsequent verification of the insanity of those acquitted after a trial, in which the subject has been fully elucidated in the lights of skill and science, has been the same elsewhere. Where this defence has been scouted by courts and juries, who think, perhaps, with your honor, that it is one which prisoners have “good reasons” to try, results the most painful have been constantly occurring. “The judicial murders” of insane men, did not end with Bellingham, Goss, Prescott, and a long list of others, which would make your benevolent heart ache, Mr. Mayor, to hear,—men turned off the gallows, shouting, singing and yelling in maniac joy. Let me only ask your attention to a recent case which occurs to us, and of which the ablest writer on medical jurisprudence, whose writings have shed honor

on himself and his country, remarks that "it will give those worthy people who mourn over the prevalence of the plea of insanity in defence of crime, an opportunity to see the other side of the matter, and derive what consolation they can, from the sight of a wretched maniac proclaiming his wild delusions from the gibbet." I beg your honor to read the trial of Abner Baker, who was executed in Kentucky, Oct. 3, 1845, after a verdict of a jury, who probably thought with you that "good reasons" existed for hanging a man because his insanity might be feigned. "Under the gallows," continues the account of his murder, "he made a speech, rehearsing his delusions respecting his wife and Bates, and glorying in the bloody deed for which he suffered. Taking hold of the rope, he exclaimed with the bitterest feelings, 'behold the necklace of a w——!' Thus under the sacred names of justice and law, was enacted a fearful tragedy that outraged both, and whose parallel can be found, we apprehend, only in the proceedings of the Committee of Public Safety in Paris, during the Reign of Terror."

In closing this hasty sketch of a subject, which would expand itself into a volume of horrors unutterable, I would beg to suggest, that had your honor been more familiar with the cases and the men, where this defence has been with "good reasons" set up, you would have spared coupling their efforts, which have received the approbation of the good, with the pseudo philanthropy of the "humanity mongers," who would confound all distinctions between crime and misfortune.

I am your well-wisher,

ARTICLE IV.

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE, for the Year 1849.—

By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Published by order of the Managers. Philadelphia: 1850. 8vo.

REPORT OF THE TRUSTEES OF THE MASSACHUSETTS GENERAL HOSPITAL, presented to the Corporation at their Annual Meeting, Jan. 23, 1850. Boston: 1850. 8vo.

THE Annual Reports of Institutions for the Insane, must continue to be the principal sources, from which we are to derive new light and information as to the management and removal of their diseases. Nothing can supply the place of experience in this matter—nor can there be anything more valuable than the combined result of that experience, brought together by a judicious and cautious observer.

It is a misfortune that the leading contents of these reports cannot be brought more directly to the attention of the reading and reflecting public out of the profession. They should be diffused far and wide through our daily newspapers, in the form of judicious and often-repeated extracts, thus keeping alive public attention to the prevention and cure of that awful malady, to the melancholy results or effects of which, all and every one may at a moment, most unexpectedly be exposed.

The Reports at the head of our page are the productions of two of the eminent physicians of our country,

who have devoted their lives and talents to this "speciality," (to use the language of another) of the profession. Each is characterized by several important and interesting observations and deductions, and we can only do justice to them, by presenting an analysis of their contents.

Dr. Kirkbride commences by remarking that the present is his ninth annual report—that with the number remaining at the end of the last year (200) there have been admitted 208, of whom 107 have been discharged or died, leaving 221 under care at the close of the year. The highest number at any one time in the Hospital was 220, the lowest 200, and the average number under treatment during the entire period was 210. The estimated capacity of the building at the commencement was for two hundred, and it is hence evident that it must have been in a crowded condition.

"Under these circumstances," remarks Dr. Kirkbride, "the actual breaking out of the cholera in our vicinity could not fail to be a source of great anxiety. Although no radical change in the mode of living of our inmates was enforced, every reasonable precaution was taken to avoid the exciting causes of the disease. Greater care in reference to exposure and undue excitement of every kind was properly insisted on; a few kinds of food were discarded entirely, and moderation in the use of all recommended. These means, with strict instructions for a prompt report of all cases of even trifling indisposition, by day and night, constituted our principal dependence for preventing serious disease among our inmates."

And now comes the announcement of a startling fact—one not indeed uncommon in the history of cholera, but which we should be pleased to have at least investigated and attempted to be explained.

"When it is recollected that the epidemic prevailed for some time in our immediate vicinity, and that a public institution within sight of us lost no less than 229 of its residents, of whom 70 were insane, we must all feel that we have cause for devout thankfulness to a protecting Providence, that I am able to record the fact, that not only was there not a single case of cholera in our household, but that there was no serious acute sickness of any kind, and less general indisposition than is commonly prevalent in the Institution and its vicinity. Throughout the entire year the general health of the family has been

remarkably good. Except a few cases of chronic organic disease, and some acute affections of the brain, it has been rare that any one has been sufficiently ill to require removal to the Infirmary."

It appears that important additional buildings have been erected during the year—an Infirmary,—a number of rooms for patients with private attendants, some of them connected with folding-doors, so as to be used as a parlour and chamber,—a school-room, thirty-one feet by fourteen,—and a bath-room well-provided. In another part, there has been erected an associated dormitory for ten beds, communicating with a room for two attendants, three single rooms for patients, a wardrobe, bath-room, &c.

These buildings are of one story, with ceilings thirteen feet four inches high. The windows generally have the upper sash of cast iron, moving but six inches, while the lower is of wood, moving in its whole extent, the latter being secured by an ornamental wrought iron guard exterior to it. South of the apartments occupied by patients is a drying-room, twenty-one by fourteen feet, directly under which are the boilers, which generate steam for heating the whole building, and from which the necessary heat will be obtained for the drying-room. *Beyond this space, in the basement*, is a well-lighted room, fourteen by twelve feet, for the use of the fireman or machinist.

These buildings are of stone, rough-cast, and have a slate roof. Exclusive of the Infirmary, they give accommodations of a very superior kind for twenty patients and their attendants.

The most important, however, of the observations on this part of the subject, and which should interest all classes of our readers, as they have a direct bearing on individual health and comfort, are those relating to the warming and ventilating of the building. We give them in detail.

"With the experience acquired in this vicinity within the last few years, there could be little hesitation in deciding in favor of a steam apparatus for heating these buildings; and with a desire to render the mode adopted sufficiently extensive to dispense with four hot-air furnaces and a perpetual bath-boiler, heretofore used in the old lodge, the plan was arranged so as to effect all these objects.

"Two tubular boilers were accordingly placed in the cellar under the drying-room, and from them welded iron steam pipe, of small size, has been distributed in seven distinct air chambers. Of these air chambers, four (each twelve by eight feet, and seven feet high) are substitutes for the old furnaces; two, of which one is about forty feet long, six feet wide, and seven feet high, and the other forty-nine feet long, eight and a half feet wide, and of the same height as the former, are in the new south addition, and another, sixty-eight feet long, also seven feet high, and of an average width of five feet, is appropriated to the new north addition, the whole of which is warmed from it, with the exception of the school-room, which, owing to its position in the basement, is heated by direct radiation from a set of steam pipes placed in it. The cold air is admitted, in all instances from the external atmosphere. For the cold air chambers, it is made to pass from the wooden trunks, by which it is conducted from the external apertures under a floor in the chambers, till it comes immediately below the coils of steam pipe. For the new chambers, the air is first admitted into a capacious air reservoir, and from it, by a large number of small openings equally distributed through the whole length of the chambers, near the bottom. A number of glazed windows offer the means of controlling the amount of cold air to be admitted into the reservoirs, and which is influenced by the force and direction of the wind, the external temperature, and other circumstances. The air, when warmed by passing among the steam pipes, is admitted directly through the floor from the top of the air chamber. All these openings, which are of large size and covered by seats, are secured by fixtures, which prevent articles being thrown down them.

"The ventilation is through a number of shafts arranged for that special purpose, and is forced in all this range of buildings by coils of steam pipe placed near the bottom of each shaft, except in that one in which the main gas flue from the boilers (a cast iron pipe, one foot in diameter) passes up through its centre, and by its heat rarefies the air surrounding it. In the new north addition there is one shaft, circular on the inside, and of thirty inches in diameter, and another thirteen inches square. In the south new addition there is also a shaft thirty inches in diameter, and one thirteen inches square. The foul air escapes through openings of large size in the ceiling, into the attic, and thence into the shafts, which are carried up several feet above the roof of the building. The valves controlling these openings are moved by cords passing over pulleys to the attendants' rooms, or other secure situations. The school-room is ventilated by an opening directly into the main shaft, the supply of fresh air being obtained through the windows and doors.

"Connected with the boilers is also an arrangement for heating water for baths and all other purposes in the 5th, 6th, 7th, and 8th wards. The tank will contain 900 gallons, is made of boiler iron, placed over the passage-way, and has a coil of steam pipe near its bottom.

"The ventilating apparatus, and that for heating water, form a system distinct in all its parts from that for warming the building, although it may be used at the same time. An under-ground brick flue leads from the boilers to the main ventilating shaft, so that no inconvenience will be experienced in the rooms above from using the boilers in summer for heating water, drying clothes, and ventilating the building. It is proposed to use the boilers alternately for this purpose, during such part of each day as may be found desirable.

"The condensed steam from the various air chambers, the water-heating and ventilating pipes, passes directly back into the boilers without any special fixture and has been found sufficient to supply them in any weather we have yet had.

"This apparatus has been put up by Morris, Tasker, and Morris, of Philadelphia, in a very superior manner. The plan was well matured before the work was commenced, and from our trials thus far, appears to answer very satisfactorily every purpose expected from it.

"The character of the warm air from a steam or mild hot water apparatus, when admitted into a ward, is so entirely different, and so incomparably more pleasant than that from the common hot-air furnace,—its neatness, avoiding, as it does, all dust, dirt, or gas in the rooms, is so striking,—and after the first cost of the fixtures, its economy is so evident, that I feel no hesitation in saying that no one who has had an opportunity of testing its advantages, will, with our present knowledge, be willing to see any other system than one of these adopted in any building like a hospital, whether for the ordinary sick, or for the insane.

"The entire cost of the buildings just finished, including the heating apparatus, and fixtures of every kind, was \$2,190."

It is incidentally mentioned that a State Hospital for the Insane is erecting at Harrisburgh, and it is supposed, that with this, and with the provisions made for the insane poor of Philadelphia, Pennsylvania in less than two years from the present time, after having the honor of providing the *first American Institution for the Insane*, will offer hospital accommodations of a high order for more than one thousand of her insane citizens.

The remainder of the Report is principally made up of statistical details, which we shall briefly analyze.

Of the patients discharged during the year 1849, were

Cured	-	-	-	-	-	104
Much improved	-	-	-	-	-	6
Improved	-	-	-	-	-	33
Stationary	-	-	-	-	-	25
Died	-	-	-	-	-	19
Total	-	-	-	-	-	187

Of those cured, 51 were resident not exceeding three months.

31 between three and six months.

19 between six months and a year.

3 for a longer period than a year.

Total 104

Of the deaths 6 occurred within a fortnight.

2 in less than three months.

3 between six months and a year.

3 between one and two years.

2 between two and three years.

2 between five and six years.

1 for more than eight years.

Total 19

And again of these, five died of pulmonary consumption; two, of apoplexy; one, of congestion of the brain; four were cases of acute mania; two died of chronic inflammation of the intestines; one, of chronic organic disease of the brain; two, of that kind of exhaustion attending high mental excitement, accompanied by a refusal of food; one, of bronchitis, and one of inflammation of the pericardium.

Of the patients who died, nine were admitted for mania; three, for melancholia; two, for monomania, and five for dementia.

There have been admitted since the opening of the Hospital, 1599 persons, of whom 889 were males, and 710 females.

	Males.	Females.	Total.
Single	507	283	790
Married	341	327	668
Widows	—	100	100
Widowers	41	—	41

The ages and number of patients admitted—

From	20	to	30	534
	30	to	40	408
	40	to	50	325
Total				1267

being more than three fourths of the whole number.

We will only add the forms of the diseases, with the sex of the individuals.

	Males.	Females.	Total.
Mania	429	373	802
Melancholia	181	181	362
Monomania	140	88	228
Dementia	132	65	197
Delirium	7	3	10
Total			1599

Great attention has evidently been bestowed on affording occupation and amusement of a healthy and proper kind to the unfortunate inmates. The farm, garden, and pleasure-grounds of the Institution, comprise more than one hundred and eleven acres, and they furnish active exercise and healthful labor to many of the insane, and the value of these, Dr. Kirkbride remarks, "is of so decided a character, as to render them indispensable to every large institution which aims to furnish its inmates with all the means that tend to their temporary comfort and ultimate recovery." Much of the work in the garden is performed by the patients, and they also assist on the farm. The work-shop and mechanical department is also very popular and much frequented. "In wet or cold weather most of those, who at other times are engaged in out-door labor, here find some employment congenial to their tastes, or at least, giving relief from the monotony of the wards."

A Museum and Reading-room, put up by the patients and friends of the institution, and made a Christmas offering to it last year, has been in daily use, and proves to be a source of great enjoyment to many. Many valuable contributions to each are enumerated, and the Report is illustrated by handsome wood engravings of its exterior and interior, and also of the Ladies' cottage, and summer-house. Lectures, evening entertainments, and instruction of the patients, have also been much attended to, with manifest benefit. Dr. John Curwen, late an assistant Physician, delivered 46 Lectures on various branches of science, illustrated by specimens, drawings, and experiments, to a "very attentive and orderly audience, embracing nearly one half of our household, who regularly attended." Neither is music neglected, a fine piano having been procured, principally through private contributions, and placed in the lecture-room.

Reading is constantly attended to. On the Sabbath, the Bible is used, and on other days some work of general interest.

Means like these, carried out in all their practical details, and frequent visits to the patients, acquiring their confidence, and overcoming with firmness and kindness their wayward dispositions, are, we doubt not, among the best means of "restoring the mind diseased."

The Report of Dr. Bell, on the condition of the M'c Lean Asylum for the Insane, forms part of the Annual Report of the Massachusetts General Hospital, and to which the former institution is annexed, so far at least as to have but one Board of Governors. Our author commences with remarks on the inutility of the usual statistical tables which accompany reports, and expresses a hope that before long, many of them may be laid aside. We shall not, however, do him justice, without quoting his own words :—

"A distinguished medical writer in an article on the statistics of institutions for the insane, expresses earnestly the hope that the time may be approaching when it may no longer be necessary to furnish an annual popular report of the kind which has become customary. In a community where such institutions may be novel, or where it may be deemed useful to keep alive a public attention to the insane with a view to further accommodations for their relief, it is certainly very natural that those interested should wish to present in strong terms the advantages derived from them, or details of interesting cases and results. Coinciding in the belief that beyond this, little of advantage accrues from any details, however voluminous in data or perspicuous in tabularization; that all the combined collateral and incidental connections and circumstances clustering around each case capable of being noted in brief, have not added one new principle in pathology or one new mean in treatment, or an additional hint as to probable event, since our institutions were opened,—I have endeavored to abridge my annual recapitulation almost to the straightest compliance with your regulation. Indeed, we have vast accumulations of facts and observations, laid aside in the records of each case admitted, but until the veil of mystery and darkness is more withdrawn from the functions of the nervous system, it is hardly to be expected that any more collections of facts lying around the distant periphery of the circle can aid in solving the obscurity of its centre.

"It is too to be feared, that research into the non-incidentals, and founding averages of truths upon bases of mere opinions, have rather misled than assisted those who have sought for truth.

"As one of the oldest institutions and situated in a community where no efforts to arouse public attention or interest in the insane are needed, it would seem that here an unscientific and valueless system of reporting might be abandoned. The reasons formerly given for almost all tabular statements being omitted, have lost none of their force under increased experience and observation."

The M'c Lean Asylum like the Pennsylvania has been totally exempted from the recent epidemic. "The cholera," says Dr. Bell, "in its visitation to this section of New England, held one of its strong-holds just across our border line, and many of the most intense and virulent cases of this fell epidemic were in the village between us and the city. Yet we were wholly preserved; if there were any premonitory indications of the effects of a malarious atmosphere among us, their actual nature was lost sight of in the facility of their yielding to medical agents. And during the whole season not only has our household been free from this deadly plague, but to

a great extent from all the severe mimotic disorders which have been thought to attend the train of the Asiatic Cholera."

The number admitted within the year was 77 males, and 83 females, while there were remaining Jan. 1, 1849, one hundred and sixty one,—the total, therefore, is three hundred and twenty-one patients under care. The average weekly number was one hundred and seventy-nine. The whole number dismissed during the same time was one hundred and thirty-seven. Of these, "we considered" as

Recovered	-	-	-	-	-	64
Improved	-	-	-	-	-	19
Much improved	-	-	-	-	-	8
Not improved	-	-	-	-	-	29
Unfit subjects	-	-	-	-	-	2
Died	-	-	-	-	-	15
Total	-	-	-	-	-	137

of these last nine were males, and six females, "almost all, as usual, from epilepsy, general paralysis, and exhaustion."

There has been no case of suicide during the year.

"I am the more free to speak of a remarkable immunity in this respect which this asylum has enjoyed for the last fourteen or fifteen years, (only three successful attempts having here been made in an admission of over two thousand patients,) since the merit of the prompt detection of the propensity and vigilant precautionary measures against its perpetration, is to be ascribed to the supervisors of the male and female departments. A statement of the fact is the highest tribute which can be paid to efforts as unremitted and successful as theirs have been,—but which only those can fully comprehend and appreciate, who have had the weight of perhaps ten or a dozen human lives hanging at the same time upon their responsibility."

As to heating and ventilating the building, the following remarks are made.

"The heating of the male wing by a hot-water circulation and the change of air by a forcible exhaustion from the bottom of the rooms, produced by the rarefaction in a tall chimney-shaft, have been found, under the experience of

the time elapsed since our last report, (where the arrangement was pretty fully described) to operate with all the anticipated success.

"An early period will be availed of, to recommend an extension of the same system into other sections of the establishment."

The conclusion of Dr. Bell's report announces his intention of taking leave, ere long, of his present situation. While we regret his determination, and are aware of the loss that the cause of humanity will incur, we cannot find just cause of blame to him in so doing. Having passed thirteen years in the office of Physician and Superintendent, and "left" to use his own words, "almost at the head of the list of seniority in this vocation, I realize in their premature removal, not only the uncertainty of life, but the heavy weight and wearing responsibilities, inseparable from the care of the insane upon the human constitution, however fully one may be sustained by every aid of sufficient and most competent fellow-laborers, and I cannot but look forward to a period not far removed, when with the consciousness of a full day's work completed, (a day which thus far in all my relations to your Board, to the medical profession, and to the community has been all sunshine,) I may ask a discharge from your generous and grateful service."

T. R. B.

ARTICLE V.

- (I.) *A remonstrance with the Lord Chief Baron, touching the case Nottidge v. Ripley.* By JOHN CONOLLY, M. D., Fellow of the Royal College of Physicians, Physician to the Middlesex Lunatic Asylum at Hanwell, &c. London: Churchill, 1849. 8vo. (second edition.)
- (II.) *A Letter to the Lord Chancellor on the Defect of the Law regulating the Custody of Lunatics.* By CHARLES CURTON COOPER, one of Her Majesty's Counsel. London: Stevens and Morton, 1849. 8vo, pp. 15.
- (III.) *Copy of a Letter to the Lord Chancellor, from the Commissioners in Lunacy, with reference to their Duties and Practice, under the Act 8 and 9 Vict., c. 100.* Ordered to be printed by the House of Commons, on the motion of Lord Ashley, M. P., and Chairman of the Commissioners in Lunacy. 8vo, pp. 12.

IN the gradual progress of knowledge and the extension of humanity, IDEAS sway to and fro with as much regularity as the movements of the pendulum. It is the great business of discussion to prevent these oscillations from becoming too violent or discursive. This observation is specially applicable to the advancement of the medical and legal management of insanity. Even at the advent of the Christian era, insane persons were held by the apostles themselves, to be "possessed of devils;" and from that time until towards the end of the last century, these unhappy creatures continued to be regarded as objects of punishment and persecution, rather than of sympathy and kindness. It would be difficult to imagine

in the widest stretch of fancy, the miserable sufferings of these outcasts of society, during so many hundreds of years, whilst violence and coercion were considered to be the bounden duty of those who had the regulation of the insane. This, indeed, offers a chapter of horrors in the history of the human race, from the scrutiny of which the mind recoils with a sense of remorse and degradation. The treatment so long mistakenly pursued, developed insanity to such a fearful intensity, as we humanely hope may never in these or future times be witnessed again. The insanity of the present day, often sufficiently fearful, is mild in comparison with the malady of former days, when the chain and the gyve, the blow and the cell, were well nigh the sole medicines and ministers for the insane: when it was common enough for keepers to murder lunatics by their violence, and for madmen to turn upon their tyrants and destroy them with their own manacles. In this country, men are now living who can remember the time when, in many of our villages, the only place of restraint for the furious maniac was the stocks, or the pen for impounding stray cattle. The unfortunate lunatic was held to be something between the criminal and the beast of the field. If we look to the causes of this cruelty towards the insane, we shall find them rather in the imperfect constitution of society and in the Cimmerian darkness which so long prevailed respecting the real nature of insanity, than in any wanton cruelty on the part of the cultivators of medicine. Moreover, insanity was late in becoming strictly a medical subject. Even at the present time there exists a set of philanthropic fanatics, who claim the insane for religion, rather than for medicine, and it must be admitted that, during the worst epoch of their management, or rather mismanagement, they were the liege subjects of theology instead of the art of healing. Our own profession was not sufficiently advanced to claim its right in the teeth

of superstition and ignorance, even so lately as the close of the reign of George III., of insane memory,—for it is well known that that unfortunate sovereign was more under the care of a quack divine than the regular physicians. We should wonder now to see any patient of royal blood consigned to the care of a Rev. Dr., and his cold water beds, but the parallel events actually happened only three reigns ago.

But the last decade of the eighteenth century saw the dawn of a brighter day for the insane. Even in that time of great thoughts, engines of the mind which have since shaken the world, it was a bold conception of PHILIP PINEL, who struck the fetters from some of the most violent maniacs at the Bicêtre, and proclaimed to the world that henceforth the strict enforcement of gentleness should be the great coercitory method in the management of the insane; that assuasive kindness should take the place of the bolt and the scourge—that lunatics should be received into the human family as objects of the profoundest sympathy and attention. Yes! one act of a benevolent genius established for future generations that the insane were to be treated as *patients* and not as *prisoners*. What must have been the sensations of that illustrious man after releasing some of the very strongest and fiercest maniacs from the chains which had bound them for years to the wall, men whom others were afraid to trust with liberty for a moment, lest they should rend their keepers! Pinel found that, instead of the spring of the tiger, they greeted him with tears of gratitude, and were passive and obedient as children to his commands. Pinel's was a noble experiment, performed at the risk of his own life. Humanity can never offer a sublimer spectacle than that of a good man standing between insanity and cruelty.

Since the time of Pinel, the humane idea generated in his mind has gathered strength in all civilized

countries, and it has, when carried to its utmost length, produced even some excesses. Whilst we deal tenderly with these excesses, on account of their origin, it is nevertheless our duty to point them out for remedy and correction. No man really conversant with the matter, can gainsay the fact, that in this country, as in others, medical men have been the foremost ameliorators of the condition of the insane. As the management and study of insanity have improved, asylums for the insane have passed from lay into medical hands, so that at the present time the treatment of insanity is almost purely in the hands of the profession. In truth, medicine receives it as an admitted truth, that *PSYCHOLOGY* is the very highest department of medical study, and some of the greatest minds we possess have been devoted to this most important subject. For the results, we can point triumphantly to the splendid works on insanity and other matters relating to the insane, which have been produced within the last half century—to the diminished mortality among the insane, and to the vastly-increased proportion of cures which have been effected.

Yet it is a humiliating fact, that in the over-excitement of the public mind on this topic, there is evidently manifested a prevailing jealousy of the profession in all that concerns the insane. In the trials of criminals suspected of insanity, or persons undoubtedly insane,—in considering the crimes committed during paroxysms of insanity,—in commissions of lunacy, and in every other instance in which medicine comes before the public in connexion with insanity, this jealousy is most flagrantly apparent. The profession is treated as though it deserved punishment rather than gratitude, for its exertions in behalf of the insane. Every opportunity of blame, deserved or undeserved, is eagerly seized upon by the organs of public opinion. A society actually exists “The Alleged Lunatic’s Friend Society,” holding public

meetings, publishing transactions, offering premiums for anti-medical essays, the great—nay sole, object of the association being, to destroy what its members imagine to be, the existing medical despotism towards the insane.

Doubtless, there are, in the profession, as in all large bodies of men, unworthy individuals, and some of these occasionally commit faults in the management of the insane, for which reprehension and punishment are due. From none do they receive them more emphatically than from their professional brethren. But such cases are too few and rare to justify the public jealousy and suspicion. No! we must attribute the major part of the public illiberality towards the profession to an excess of the benevolent sentiments for those afflicted with insanity—principally fostered and carried into execution by medical men themselves. Mixed with this, there is a natural sensitiveness on the question of the liberty of the subject, an invasion of which, by medical men, is held in great professed horror. The public mind has been so harrowed and saturated by tales of asylum atrocities, of Bedlam and St. Luke's in the olden time, that men cannot think of these places even now, save as dens of lust and barbarity. No lay-man who has not visited a well-conducted asylum, where kindness is the invariable rule—where restraint, or rather, *control*, is invisible—where the appearance, and not the appearance merely, of family association predominates—where an inexperienced person would scarcely distinguish the lunatics from their attendants, can fairly judge of the case as it at present stands between the medical profession and insanity. Yet every one thinks himself constituted a judge upon this matter; every one dreams of an insane person not as he is, gardening, reading the newspaper, playing at billiards or cricket, in the gymnasium, or taking unlimited exercise; but they imagine him after the pattern

of Sterne's prisoner, making the dreary notch in his stick which told of a day of misery, by the one dreary ray of light permitted to penetrate his dungeon. The public mind seems drunk, if we may so express it, with humanity on this subject.

Such is the extent of this, perhaps pardonable, but certainly mischievous sensitiveness, that it cannot be tolerated even that the insane should submit to that kindly control quite compatible with non-restraint, and which is necessary to defend themselves and others from injury, and, above all, necessary to the cure of insanity. It is a disagreeable necessity that medical men should have to curb these excesses of humanity, but it is a necessity, and one to which they must submit, taking care at the same time that the real interests of the insane do not suffer. That the profession will do their duty, the public has a warranty in the past conduct of those medical men who are engaged in the treatment and elucidation of insanity.

We are led to these preliminary remarks by the recent case of "*Nottidge versus Ripley*," in which the prevailing and injurious jealousy of the public towards the profession, has been rendered very prominent both by the *dicta* of the learned judge on that occasion, and by the pretty unanimous comments of the public press. If this feeling were allowed to dominate unreprieved, the humanity-mongers would soon degrade the treatment of insanity into a branch of quackery, for none would be held fit to treat the insane but those willing to bow to the prejudices of ignorance and jealousy. For ourselves, we think that our strong advocacy of the humane treatment of the insane, and our constant efforts to establish generally a safe yet gentle system of non-restraint, are too well known to render any apology from us necessary, when we undertake to remove from the public mind the

antiquated and unjust notions fostered by self-elected reformers, and recently countenanced by the bench.

The strictly medical and medico-legal points of the Nottidge case may be very briefly summed up. Miss Nottidge, after exhibiting various unmistakable symptoms of unsoundness of mind, secreted herself at Charlyn, in the Agapemone of Mr. Prince. From this place she was abducted through the agency of her mother and her brother-in-law, and brought to London. She was then examined by two professional men with a view to ascertain her state of mind, and as she was found to be insane, the proper certificates were signed, and she was placed in a respectable lunatic asylum. After remaining in the asylum for a considerable time, and still preserving her delusions, she broke her word of honor, and escaped from thence. In this escape, she was assisted by Mr. Prince and his agents. She was, however, recaptured, and again conducted to the asylum. After a while, her health suffering, and the state of her health being weighed against her delusions, which still existed in full force, she was liberated most humanely, but, as it now appears, most unwisely by the Commissioners in Lunacy.

Let us, for a moment, inquire into the strictly medico-legal portions of their proceedings. The medical profession certainly had nothing whatever to do with the original abduction by force from Charlyn. That was an illegal and punishable act of violence, but still an act quite distinct from her subsequent medical surveillance. But even for this illegal proceeding, the majority of sound thinking persons will find some excuse in the feelings of an aged mother, who had already lost three daughters by the same agencies, which were now entrapping the person and fortune of her eldest and weakest child. However this may be, the abduction was strictly extra-professional—the act, simply, of her own

friends. The procedure of confining her in a lunatic asylum was, on the other hand, strictly formal and legal, and based upon professional proceedings. Two medical gentlemen of the highest respectability, totally unconnected with the abduction from Charlyn, certified unhesitatingly to her insanity, giving, of course, the grounds of their opinion; and she was, with perfect legality, placed in an asylum. Once formally placed there, she was under the management and jurisdiction of the Commissioners in Lunacy, who, acting under the Lord Chancellor, are the legal guardians of such persons.

We have made this careful distinction between the abduction and reception into an asylum, because the two things have, with more ingenuity than honesty, been purposely mixed up together in order to confuse the public, and excite a prejudice against the defendants in the recent action, and also against the medical profession. One point, too, has been altogether left out of sight by our diurnal and hebdomadal philanthropists—namely, the attempted abduction from the Moorcroft Asylum by the prosecutors, which was a matter quite as illegal as the original abduction from Charlyn. No unprejudiced person can say that the unfortunate lady was not more emphatically under the protection of the law at the asylum than at the Agapemone.

The continuance of Miss Nottidge at Moorcroft, and also her subsequent removal was, therefore, as we have said, strictly legal, and accompanied with all the forms demanded by law. There can be but one opinion that the only censurable point in the whole matter was her liberation and removal from all control. Far happier would it have been for all the parties concerned, excepting, of course, the financiers at the Agapemone, had she remained up to the present time either in an asylum, or in some private residence under proper control,

The following observations of Dr. Conolly are most interesting and to the purpose :—

“ If the judges and members of the bar would take the trouble of visiting asylums more frequently, the medical and the legal profession would not so often be brought into collisions, in which truth is generally sacrificed to authority. If the able writers of the public press would take the same trouble, it would prevent their falling into vulgar exaggerations respecting the condition of those placed in asylums. They would all derive useful, and I think, welcome information from opportunities which would be everywhere cheerfully afforded to them. They would learn to take more comprehensive and more exact views of the nature of insanity; and would become convinced that the name of lunatic asylum ought no longer to be received as that of a place of cruelty, suffering, torture, and horror. In the last ten years, changes have taken place in them into which, if I may trust to my own observation, neither lawyers nor writers for the public have much cared to inquire. The lawyer must adhere to his definitions, and make either truth or falsehood strong as it happens; and the writer for the public must startle and amaze, and therefore he still draws on recollections of the past, or on his imagination. Thus it is seldom that either of them, when lunacy is in question, meets the medical man with candour, or on equal ground.

“ All well-conducted asylums have now become places of protection, abounding in the means of diverting the thoughts, of calming morbid excitement, of soothing the distressed, of rousing the apathetic, and of restraining the lower propensities of the insane, and restoring the control of reason. The most powerful of all restraints is found to be kindness, and it would be well for mankind if, in their intercourse with one another without the walls of asylums, they imitated the forbearance exercised to those within them. The patient who was wasting his money when at large, or forming a degrading connexion, or lost in drunkenness, or wandering about dirty and ragged, followed by the idle and mocking crowd, or vexing the quiet of many houses by night and day, and breaking the heart of sorrowing relatives, becomes, after a short residence in a good asylum, composed in manner, decent in conduct, orderly in dress; he is saved from ruin as to his property, or from impoverishing those related to him; and enjoys a degree of liberty and happiness which no other residence could afford him. To forbid the placing of such persons in asylums because they are not dangerous, can never have been your lordship's deliberate intention. It would be to forbid their being protected and cured, and to consign them to every variety of insult, and injury, and suffering, and loss.”

We trust that not a doubt can remain on the mind of any person, that as far as our own profession was concerned, the most jealous stickler for the rights of the insane can have nothing whatever to complain of, as to the manner in which Miss Nottidge was originally placed in an asylum. It is the merest cant to look upon the case

as one of medical persecution or despotic authority. The law was carried out fairly, and to the letter. If there was any fault therefore, it was in the constitution of the law, not in the supposed tendency of medicine to despotism.

Let us, therefore, next examine into this part of the question, which removes it from the personalities of an individual case. When the Lord Chief Baron gave it as his judicial opinion, that "no person ought to be confined in a lunatic asylum unless dangerous to himself and others," he either condemned the law or its administration, or intended to do so, and he further implied a new definition of insanity, which would exclude all cases except the homicidal and the suicidal. His lordship's definition of insanity has been ably handled by Dr. Conolly in his letter, which we have no doubt the great majority of our readers have already perused with delight. This physician has shown that, in a vast number of cases of insanity, there is no tendency to homicide or suicide, but still such an absence of all moral control, on the part of the individual, as to render the assumption of some other control absolutely necessary for the peace and safety of families, and the rescue of the person affected from the commission of a variety of crimes neither homicidal nor suicidal. The forms of insanity which manifest themselves in theft without motive, in uncontrollable lust, in the assumption of every variety of titles from emperors and popes to parish paupers, and from archangels to devils, are none of them *necessarily* "dangerous," in the sense used by Sir Frederick Pollock. Almost every large asylum has its poor maniac with the delusion of boundless wealth; its rich inmate with the dread of abject poverty; persons of originally pure mind are seen indulging, as far as is allowed, in obscene and profane conversation; others, of naturally trifling habits and modes of thought, assume the style of prophets and

founders of new sects in religion. Common sense, which rides even over the opinions of a judge, pronounces these persons to be mad, and science confirms the judgment, but my Lord Chief Baron's creed would not allow him to place such persons under constraint. We fear, if the large classes of insane persons, extra-homicidal and extra-suicidal, were let loose upon society, there would soon be sad work, and, in the end, the insane would be treated far more rigorously than at present.

Again, we need scarcely point out, for it has been repeated and reiterated, that a numerous class of lunatics have lucid intervals, sometimes of great length, during which their conduct and disposition are most gentle, but who on a sudden may be seized with a tendency to injure themselves or others. These sudden exacerbations of a dormant malady, cannot be foreseen, or the time of their appearance reduced to any rule, though the experienced physician, testing the delusions of the patient even in his lucidity, *can* pronounce that such and such a patient, though of extremely gentle habits, is liable to this kind of paroxysm. So also, there is another class of patients who remain gentle and well-behaved, while under medical control, but who on the removal of control are certainly affected with destructive tendencies. Such persons frequently beg to be defended against themselves, and implore protection of the superintendents of asylums. Critics complain of medical tyranny, but those conversant with the subject know, most painfully, that many a self-destruction, and many a murder, are committed because those unfit for liberty are released from control, and those requiring control are left to a fatal liberty too long. The Castlecreaghs and Romillys are not the only lunatics who destroy themselves from the absence of control. Those who, under the specious pleas of the liberty of the subject, and humanity to the insane, unduly weaken the legal constraint of the lunatic, are in reality

accessories before the fact to many of the murders and suicides which, from time to time, shock society to its core.

Not only do the interests of patients and of society, require the judicious control of all classes of the insane; but the law itself requires a further provision for it, on principles far more humane than those recently promulgated from the seat of justice. The letter signed "Ashley," which is indeed worthy the signature of that truly philanthropic nobleman, sets forth the principle of the law relating to lunacy, as it at present stands. But here we would wish to make one observation. This letter has been depreciated in certain quarters as the production of Lord Ashley alone, and therefore as carrying little weight either on a medical or legal topic. None could know better than such depreciators that it was the official verdict of all the commissioners, noble, legal, and medical, and as such entitled to the very highest consideration, being simply signed by Lord Ashley in his capacity of chairman of the Commissioners in Lunacy.

This letter shows that the Act of Parliament under which the Commissioners act as *judges* in lunacy, was intended to apply to lunatics not "dangerous," as well as those of homicidal or suicidal tendencies; and it further shows that the object and intention of the act were not merely to confine or to liberate, but to manage and to cure the insane.

"We would first refer your lordship to the Act of Parliament under which this commission is constituted, and by virtue of which persons of unsound mind are legally placed, and detained, in licensed houses and other lunatic establishments for the treatment and cure of their disease.

"It will be observed that the object of this Act (8 and 9 Viet. c. 100) is the "Care and Treatment of Lunatics" generally, and that it is not limited to any particular class of lunatics, whether dangerous or otherwise. Indeed, the whole tenour of this and of the County Asylums Act (8 and 9 Viet. c. 126), shows that these Acts extend to lunatics of every description, and that dangerous lunatics are only occasionally noticed, where it is necessary to except and

distinguish them from the rest. The Act, as set forth in its title, is "An Act for the Regulation of the Care and Treatment of Lunatics," and the word "Lunatic" is (s. 114) defined to mean "every insane person, and every person being an idiot or lunatic, or of unsound mind;" and in the statement annexed to the order authorizing the patient's confinement, one point of inquiry is in these words: "Whether suicidal or dangerous to others;" thereby denoting that patients who are not included in that class are equally subjected to the provisions of the Act. The same observation applies to the County Asylums Act (3 and 9 Vict. c. 126) where (ss. 27 and 47, and schedule D) dangerous lunatics are also referred to as forming part only of the body of insane persons, whose confinement and treatment in Lunatic Asylums are thereby authorized.

"The object of these Acts is not, as your lordship is aware, so much to confine lunatics, as to restore to a healthy state of mind such of them as are curable, and to afford comfort and protection to the rest. Amongst the many persons confined as being lunatics, or of unsound mind, those who are manifestly dangerous—that is to say, those who, by some overt act, have already proved themselves to be dangerous—are comparatively few in number; the far more numerous classes consisting of,—1st, Those who are sent to lunatic establishments for the purpose of treatment, with a view to the alleviation and cure of their malady; 2ndly, Those who, from disease of mind are incapable of self-government, and who therefore require, at certain periods (or perhaps generally), the most careful supervision and control; and 3dly, Those who are incapable of taking care of themselves or their affairs, and are likely, therefore, to sustain serious injury if left at large and unprotected."

The letter of the Commissioners to the Lord Chancellor also points out those varieties of insanity indicated by Dr. Conolly, in which supervision becomes necessary, though the subject of it may not be "dangerous to themselves or others." The Commissioners enumerate among them idiocy or imbecility, theomania, erotomania, nymphomania, and various other forms of moral insanity which it would be tedious and unnecessary to particularize.

Another grave question has arisen out of the Nottidge case. Granting that persons of unsound mind, not "dangerous," may properly be confined, are the defences of society against kidnapping into lunatic asylums sufficiently strong to prevent the confinement of sane persons by interested parties? We have all experienced the dread of kidnapping in early childhood. The public,

made up "of children of a larger growth," has taken up the notion that medical men are kidnappers, or the instruments of kidnapping, and that lunatic establishments are the receptacles of their victims. We scarcely forbore a smile when, the other day, a great organ of opinion exclaimed, "We are at the mercy of *four* signatures!" The writer was evidently trembling, or affecting to tremble, for the preservation of his own liberty in the face of doctors and commissioners. Let us see what the Commissioners say about these "four signatures," and of the circumstances which should convince any reasonable person of their validity as proofs of insanity, and also the reasons why the occasions are very rare in which the immediate liberation of any person legally placed in an asylum can be ordered.

"Every person placed in confinement as a lunatic, must *prima facie* be presumed to be insane. Before a private patient can be legally detained in any house, there must exist an order, signed by some friend or relative, two certificates from different medical practitioners, who have each separately examined the patient, and also a third certificate or statement from the medical officer of the establishment, all expressing the condition of the individual as of unsound mind, and a proper subject for confinement. It would argue great rashness and imprudence, to say the least, on our parts, to determine on the immediate, or even the very speedy liberation of a person so certified, unless we had reason to suppose that the certificates had been fraudulently obtained, or we were strengthened in our own impressions by the opinion of the medical officers having the care of the patient, that the confinement had, from the first, been improper, or that the nature of the malady was such as is usually of short duration, and that a perfect cure had been effected. Although, in a few cases of acute mania, the disorder is sometimes of short duration, yet where there exist actual delusions, the process of recovery (if ever it takes place) is slow and gradual, and the question as to the probability of cure can scarcely be determined satisfactorily until after a considerable period has elapsed."

For ourselves, we can hardly imagine such a conglomeration of villany, as that three medical men, and a "friend or relation," should be found to act together in such a hideous business as that of the premeditated confinement of a sane person, in face of the certain and speedy exposure and punishment which must inevitably

ensue, from the many means of check and detection which the law has provided. A gentleman of the long robe, Mr. C. Curton Cooper, is, however, of a different opinion; but, though desirous of examining his letter to the Lord Chancellor with all candour, we cannot say he has supported his view by any very striking or eogent arguments. Still we deem it our duty to give our readers the benefit of his opinions. We quote his opening sentences, to show how vague and shadowy his own notions are upon the matter. We italicise the words which imply so much distrust and hesitation as almost to nullify the opinions of the author:—

“A person is not merely related to or connected with an individual, but, as not unfrequently happens, he has the possession, or the control, or the management of his property, or the receipt of his income—in what character, or under what circumstances is not material to my purpose. Now, such person being related to, or connected with the individual, has the power to have him confined as a lunatic upon his own order and statement, provided he can get the necessary medical certificate—and that, be it remembered, may be the certificate of any two apothecaries. Sometimes the certificate of one will suffice—at least, for a space. He must, of course, undertake to pay to the proprietor of the house the expenses of the individual's maintenance; but as he remains in the enjoyment (should his proceedings be successful, in the undisturbed enjoyment) of the alleged lunatic's fortune, this he most willingly does.”

The strongest hypothesis put by Mr. Cooper, for he never advances beyond hypothesis or general assertions, is this:—

“There is a very *general impression* that persons are *sometimes* confined in houses licensed for the reception of lunatics, whom a jury would find to be of sound mind. My own experience *induces me to think* that such *impression* prevails not without cause. *Supposing*, however, the impression to be erroneous, it will not be denied that means should be used to remove it; and the best way of effecting this is to afford all possible facilities for ascertaining the real state of those unhappy persons. The object of these few lines is to inquire *whether*, in the law now regulating the custody of lunatics, those facilities exist. *Should* such facilities not exist—*should* that be the conclusion at which you arrive, those who have observed your lordship's public career are satisfied that no long period will elapse before the defect—*once that it is perceived by you*—is supplied.”

To this passage we shall make more than one demurrer. There must be more than the certificate of two apothecaries—there must be the certificate of the responsible superintendent of the asylum, liable to the loss of reputation, the character of his establishment, and the forfeiture of his licence, in case of collusion or wrong doing. The certificates are sent to the Commissioners in Lunacy, who are bound to see and examine the patient at certain specified periods, so that in reality they must become a party to the three certificates. Independently of the Commissioners, there is another inspecting power, in the districts not included under the word “metropolitan”—viz. the visiting magistrates, and it certainly requires some stretch of the imagination to believe that with such checks and counter-checks false confinements are possible in the present day. We are, indeed, glad to see that Mr. Cooper himself is obliged to quote his examples from times long anterior to the present law of lunacy coming into operation. We ought to observe that the ease to which he alludes, in which a maniac may be consigned to an asylum in case of emergency upon *one* certificate, is the existence of a furious paroxysm, in which the patient is imminently dangerous if allowed to be at large.

But is it fair to consider the chances of dangerous lunatics remaining at large as well as the possibility,—for we will not say probability,—that the sane may be confounded with the insane? Insanity being an hereditary malady, the relations of insane persons are generally slow from motives of self-interest to admit the existence of insanity in their families. In many cases great mischief results from the pride which disguises the presence of insanity. After the admission of any person into an asylum, he may be discharged summarily by the Commissioners, or by the visiting magistrates. The Commissioners are lawyers and medical men of the greatest

experience in insanity, and who are necessarily skilful in the highest degree in the diagnosis of the disease. Any attempt to hood-wink them by certificates respecting insane persons, even supposing three members of our profession could be found sufficiently villanous to act in concert in such a matter, would be hopeless and absurd. The cry about the "four signatures" is especially ridiculous. Are we not in a thousand things at the mercy of a quadruple conspiracy against life and property? were it not that there is some honesty in man, some safe-guard in society, and some dread of detection and punishment.

Again, the visiting magistrates are always accompanied by a physician officially appointed to assist them in the inspection of asylums. Thus the public is not altogether defenceless against medical knaves and tyrants; on the contrary, the legislature has provided in a very remarkable manner for the prevention and detection of all misdoings in the matter of false confinement on the plea of lunacy. Not only have the Commissioners and the visiting magistrates the power and the duty to restore cured and sane persons to society, but the relations of the patient may do so at any moment they please. In the letter of the Commissioners they say—

"The person signing the order for a patient's confinement (generally a relative or friend) not unfrequently, indeed, takes upon himself the responsibility of liberating a patient whilst still under a delusion, and before recovery, and the Commissioners have no right, and never attempt to interfere. The consequence of the premature discharge of a lunatic patient however, is frequently a relapse, and should as much as possible be avoided. Even with all the caution now exercised by the medical officers of asylums, many of whom possess great experience, and have daily opportunities of watching the process of recovery, it has been found necessary to re-admit, within a short period, many patients whom they have discharged as recovered."

In legislating on the subject of lunacy, two great points are to be considered—society must be defended from the insane, and the risks incident to their improper removal

from all control. On the other hand, the insane themselves are to be defended, and especial care should be taken that *sanity* should never be confounded with *insanity*.

Are these matters sufficiently cared for under the present state of the law and its administration? We say boldly and truthfully, Yes. If there be any leaning of the balance of justice one way or the other, we believe it to be in the opposite direction to that in which public feeling, a spurious humanity, and a jealousy of the profession, point. We believe that at the present moment, society is less guarded against the insane, than are the insane against society. In the present constitution and course of things, it is far more likely that insane persons may go free, to the destruction of themselves and others, than that any person not insane should be detained, even for ever so short a space, in an asylum for lunatics. But we are not content with this expression of our opinion. We have given the data upon which we form it. Let others judge. If we are threatened with mischief, it is from *LAXITY*, rather than from *DISCIPLINE*.

Psychological Journal.

ARTICLE VI.

EXTRACT

From a Letter written by DR. A. H. DE FOREST, of the Syrian Mission, to DR. BUTLER, of the Retreat for the Insane, Hartford, Conn.

* * * The view of the Retreat affords me matter for many a conversational lecture to my Syrian visitors, exhibiting as it does, in a striking manner, the difference between our tender mercies and theirs. The extent of the building, the neatness of the grounds, and the cheerful appearance of the entire establishment astonish them. Insanity here, as you doubtless know, is divided into two classes, the *diseased* and the *possessed*; and when one is affected with this malady, they summon a physician and priest to determine whether the patient shall be medicated, and humoured, and amused, or shall be crossed, starved, beaten, and exorcised. I have been called in to determine this point, and have found a monk, or a nun, or a priest, associated with me in counsel. Commonly the friends of the insane at first try a little medication, and take the patient into the country "to smell the air," and not a few recover thus. If, however, this is unsuccessful, they suppose it Satan's work, and the patient is sent to some mosque or convent famed for casting out devils. The most remarkable of these "retreats for the insane" is in the mountain between the Cedars and Tripoli. It is a Maronite convent, dedicated to St. Anthony, and the richest in estates of all the convents of Syria. The apartment for the insane is a natu-

ral cavern in the side of a valley, through whose roof water trickling down has left stalagmites and stalactites in various parts of the cave. These *growing stones* are among the miraculous wonders of the place, and prove to the natives that it contains wonder-working power. The patient is chained there, an iron collar being locked about his neck, to which a chain is attached. The diet is bread and water, and but little of that, and the rest of the treatment consists of prayers, blows, and exorcisms. If these succeed the saint is thanked for his kindness, and his convent receives a present for his trouble. If the case resists such treatment, it is proved thereby to be disorder, not possession; and as the virtue of the cave extends not to the healing of diseases, only to the casting out of devils, the patient is dismissed. This establishment is a type of the rest, and is the largest of all, and most frequented. Scores of insane of all sects of nominal Christians, of Druses, and even of Moslems, are sent there every year. Sometimes a monk will undertake the cure in the house of the afflicted, or will imprison him in the village church. A case of this sort fell under my notice at ——— where I was then residing. A middle-aged woman, who has hereditary tendency to insanity, was affected with it after an attack of puerperal fever. A neighboring monk declared her to be possessed, and offered to drive out the evil one. After praying over her, and sprinkling her with holy water, and commanding the spirit to leave her, she became quiet, and he declared her healed, but the next day she was as bad as ever. The monk returned, and entered into colloquy with the devil, asking "What is your name, you cursed spirit?" The patient gave the name of her nearest neighbor.

The Priest asked, "Where do you live?"

"In the tomb."

"Whence came you to enter this woman?"

“From the furnace.”

“What form did you assume?”

“The form of a cat.”

“Where did you go when you left her, yesterday?”

“To the roof, to tempt her.”

The monk declared that this “kind goeth not out but by prayer and fasting,” and said he should fast three days. The woman was confined meanwhile in the village church. The priest pretended to have fasted the specified time, and held numerous colloquies with the adversary. The responses were much like those given above. The priest then cursed the spirit aloud, and seeing the woman more calm, said he would try her, as he thought the evil one was somewhat subdued. With this view he asked her to kiss his shoe, as this is the lowest act of humility, and pride is the great characteristic of the devil. As she refused he alternately cursed and coaxed her, kissed the shoe himself by way of example, and beat her with it violently over the mouth until the blood flowed profusely. He then asked again, “Who are you?”

“The mother of such an one, the wife of such an one, and daughter of such an one,” replied the woman, giving the name of her son, husband, and father,—“what do you treat me so for, what wrong have I done?”

“Has he gone out then?” said the priest.

“Yes, yes.”

The priest blessed God and the saints, and led her home rejoicing, where she soon became as violent as before. Upon this the priest went to his convent, saying it evidently was not possession but simple melancholy, and they had better call a doctor. I had seen the woman before, but now she was given up to my direction, and she gradually became quiet and returned to her ordinary household duties. Many cases however result in idiocy. It is impossible to obtain accurate statistics of the insane

Mr. D.,—the restored hypochondriac,—over whom she had exercised so salutary an influence. He often visited the Institution during her continuance there, bestowing on her the kindest assiduities of a generous and delicate friendship, and eventually had the gratification of witnessing her restoration to reason and to her family. He had returned to a life of active usefulness, and never again had a recurrence of his distressing malady. He died only two or three years since.

This story was related by Dr. Macdonald to Mr. Geo. Combe, during his visit to this country, and was deemed by that gentleman of sufficient interest to be repeated in one of his lectures. Sir H. L. Bulwer has also founded upon it a poem, which he calls “*EvA,—a Tale of Light and Darkness.*” He says that the original facts were told him by an American gentleman, and he also refers to the use made of them by Mr. Combe. Bulwer has overlaid the incidents with various fanciful embellishments and additions, but it may be questioned whether taste, as well as truth, will not acknowledge more of beauty and pathos in the real narrative, than in the fictitious tale.

WILLIAM PITT, THE YOUNGER.

WE copy the following from Dr. Wigans’s work on the “*Duality of the Mind,*” as illustrations of the history of a very remarkable man, but without at all coinciding in the opinions and inferences of Dr. W.

“It is not always possible to keep precocious intellect in check by the most judicious proceedings, for it is generally caused by a preternaturally rapid growth of the convolutions on the surface of the brain, incompatible with great physical vigor; but unfortunately such premature intellectual powers are so flattering to the vanity of parents, that it is scarcely possible to convince them of the

danger of their early cultivation. The child learns with such ease, its acquisitions are made with so little effort, that the fond parents cannot believe in the predictions of the medical friend, and spur the willing steed to leaps beyond his strength, till the brain fails under the effort. Knowing these things, having witnessed the miserable consequences, I could not read the correspondence between WILLIAM PITT and his father, without a feeling allied to terror. Never did man go so near to destroy the intellect of his son by over-excitement as the Earl of Chatham. "Courage, my son," said he, in one of his letters, when the poor lad was complaining of the enormous variety of topics urged upon his attention, "courage, my boy, remember there is only the Cyclopædia to learn." William Pitt was nearly falling a sacrifice to his father's ambition. Great as were his talents, I do not doubt they would have been much greater had they been more slowly cultivated, and he might then have attained the ordinary term of human life, instead of his brain wearing out his body at so early an age. To see him, as I have done, coming to Bellamy's after the excitement of a debate in a state of collapse, that with his uncouth countenance gave him the air of insanity, swallow a beef-steak without mastication, and drink a bottle of port wine almost at a draught, and be then barely wound up to the level of ordinary impulse,—repeat this process twice, or, I believe, even three times in the course of the night,—was a frightful example of over-cultivation of the brain, before it had attained its full developement. So much had its excitability been exhausted by premature and excessive moral stimuli, that when his ambition was sated, it was incapable of even keeping itself in action without the physical stimulants I have spoken of. Men called the sad exhibition, the triumph of mind over matter; I call it the contest of brain and body, where victory is obtained at the sacrifice of life."

WHAT PROVISION SHOULD BE MADE FOR LUNATICS WHO
HAVE PROPERTY ?

THE following case which was tried before the English Court of Chancery in April, 1849, may sooner or later have its counterpart in this country, and we therefore quote its leading particulars.

In re ANSTIE.

“Two petitions were presented by William Bailey, described as Secretary of the “Alleged Lunatic’s Friend Society,” praying that a commission in the nature of a writ *de lunatico inquirendo*, might issue to inquire into the lunacy of Peter Sharp Anstie and Henry Anstie. The petition stated that the two Ansties were residing in the house licensed for the reception of lunatics at Fishponds, near Bristol, and that they were, and had been for many years last past, lunatics and unfit to manage themselves or their affairs; that there was good reason to believe that the lunatics had been totally neglected by their relatives, and that their property was not duly protected: that each of the lunatics was entitled to an annuity of £350, devised by the will of their father for the express purpose of being applied for their board and lodging, and all proper care and attendance of their persons, so as to administer to them as many comforts as their state and circumstances would admit, yet that the sum of £110 each, per annum, had only been applied for some years past for the support of the two lunatics at Fishponds; and that they had been kept in a department appropriated to, and living with, the noisy, dirty, idiotic, and lowest order of patients, and in rooms of the most comfortless and cheerless description; without those comforts which their state and circumstances admitted of, and to the great detriment both of their bodies and minds, and it therefore prayed for a commission. Two other petitions

were presented in behalf of the brothers of the lunatics, also seeking for a commission and the conduct of it.

“ By the Counsel for Mr. Bailey it was stated, that the father of these lunatics had placed them in the asylum at Fishponds, the one, forty years and the other thirty years back, and in his will, left each an annuity of £350 for his support. On his death, one of his sons looked after them until he died, in 1843. Since that, the Trustees, at the instance of the next of kin, had cut down the allowance to the sum of £110 each, and consequently, their treatment had been extremely hard. The affidavit of Mr. Bailey went to show, that they were confined in the worst department of the asylum, with the lowest order of patients, that they were never taken out for exercise,—were lodged at night in miserable rooms, with dismal paved yards, surrounded by buildings, two stories high on three sides, and on the fourth by a high wall. A physician deposed that the room occupied by the lunatics had a stone floor, without any carpet, and that the bed had no furniture; and also that they were in that part allotted to third-class inmates. It was further sworn, that their relatives had of late years totally omitted to visit them, and that their condition was filthy, owing to want of proper attendance, and regular change of linen. The accumulations from the portion with-held from their incomes, amounted now to £30,000, of which £9,000 had been divided among the brothers and sisters of the lunatics. It was therefore urged that the petitions of the brothers should be dismissed with costs, as they had proved themselves unworthy to have charge of them.

“ The Counsel for the next of kin spoke of the high character of the superintendent of the asylum,—of the intention of the father in his will, that the whole amount of the annuities would not be required for their support, as he referred to accumulations, in case they should fortunately recover. As to the charge of severity or violence,

it was asserted that the lunatics were in that unfortunate condition, that no furniture could be kept a day, without being spoiled with the filth, and medical men themselves had stated, that the best remedy had been used in the present instance,—namely, a room with a stone floor, properly heated by stoves. As to the charge of neglect, it was urged that the afflicted persons had of late years, been in such a helpless state, that they could not even recollect their visitors.

“The LORD CHANCELLOR said, that the only point for his consideration was, who should have the conduct of the commission, *as without doubt, a commission must issue.* Mr. Bailey, although a stranger, belonged to a benevolent society, and he was sorry to say, that notwithstanding the vigilance of the court, such a society was required. Mr. Bailey presented his petition in the month of February, and the petition of the next of kin was not presented until March; the presumption therefore was, that they would not have presented theirs at all, had it not been for Mr. Bailey’s coming to the court. Why, if they wished to place their brothers under the protection of the court, had they not applied years ago?

“The Chancellor then alluded to the facts of the case, and said that the question of extra-expenditure was often put in competition with a harsher mode of treatment of the lunatic. The diminution of expenditure, however, could only be excused where the property of the lunatic would not meet the expense of additional comforts. In the present case, the lunacy had been productive of certain habits in the unfortunate gentlemen, which could only be kept in check by extra attendance, constant change of linen, &c.—or more restraint. Could any one, however, suppose that, looking at their means, these gentlemen ought to be kept in a room with a stone floor, without furniture? He (the Lord Chancellor) was of opinion, that a considerable addition in the expenditure,

for increasing the comforts of the lunatics, would be, not only justifiable, but really necessary. The question, however, of the mode of treatment, was not now the one before him, but whether the gentleman (Mr. Bailey) who could only have a benevolent object in view, should be deprived of the conduct of the inquiry he had set in motion. He (the Lord Chancellor) thought he ought not to be so deprived. He could not, however, pass over in silence the conduct of the relations of the lunatics, which was altogether unjustifiable, and might, if not commented upon, afford an example for a hundred other cases. That relations were at liberty to cut down the annual expenditure of a lunatic, for the purpose of making a fund, to be divided amongst themselves, was a doctrine of a most dangerous description, and would tend, if allowed to be true, to every possible injustice. Without, therefore, entering into the question, how far the comforts of the lunatics ought to be increased, he should decide that a commission of lunacy must issue, and that the conduct of it should be intrusted to Mr. Bailey, and that the petitions of the brothers of the lunatics be dismissed with costs."

—*Abridged from Dr. Winslow's Journal.*

ON THE OBSTINATE REFUSAL OF FOOD BY THE INSANE.

DR. CARL HERGT, second physician to the Lunatic Asylum at Illeau, has recently published some observations on this painful subject. They are introduced with a narrative of the following case:—

Mrs. N. born in 1805, and residing in the country, had always enjoyed excellent health during her youth. Her intelligence was remarked at school, although she inherited from her father a disposition to superstition and religious fanaticism. Her mother and sister also had suffered under attacks of mental alienation. She married in 1830, appeared very happy in that state, and gave

birth to five children successively under favourable circumstances, although subsequently three of them died. During her sixth pregnancy she exhibited, without any apparent cause, excessive erotic desires. Her child-bed was favourable, but the infant died immediately after birth. This affected her greatly, and in her delirium she manifested great antipathy to her husband, to whom she had previously been greatly attached. God was now her spouse and Lord. There was head-ache, sleeplessness, constipation, frequent cough, although the menses were regular.

She was admitted at Illeau, on the 31st of Jan. 1843. Her face was pale, the extremity of the nose red, the eye-balls injected, the right pupil much dilated, the tongue pale and extremely thin at its point, and the left hypochondrium was distended with gas. The skin was yellow and dry. Auscultation showed nothing out of order in the lungs or heart. Her walk was unsteady, her look sharp and glassy, and her voice weak. She could not remain in one place, constantly raised her eyes to heaven, and at night could not be prevailed upon to sleep in her bed. She was altogether absorbed in her ideas of God—she heard his voice, and these aspirations took away all desire to eat or drink. The stools and urinary discharges were few and scanty. Her mouth smelt unpleasantly, and she took no food or drink except through constraint. These symptoms became more and more aggravated, with severe cough. The œsophageal sound was used,—but she became thinner and weaker. In March, the breathing became painful and short, the cough also painful,—still there was a refusal to take food.

With the commencement of spring, these symptoms mitigated,—although still insane, there was less agitation, and she took food more readily, but not by any means in a regular manner. A visit from her husband

affected her so much, as to threaten a relapse ; but by the middle of June, her extremities appeared less cold, and the pulse more frequent. Colic pains now came on, followed by mucous and sanguineous discharges, indicating a complete change in the condition of the alimentary canal. Although quite weak, her mental condition was improved, and she made less resistance to taking food. In October 1844, she was again seized more violently than ever with all the former symptoms of delirium, and the debility was so great as to indicate an approaching paralysis of the right side. There was cough, the right hypochondrium was sensitive to the touch, and the stools were dark coloured, hard and covered with a thick mucus. She did not recover from this state until the end of January 1845. After this, all the symptoms improved,—the delusions were dissipated,—her affectionate disposition returned,—and she was at the time of writing, with her family in good health.

The remedies which the author considers to have proved most efficient in this case, were a decoction of bark and chloruretted water. The food was light and strengthening, with wine for drink, and as she had a great aversion to water, she used for a long time, as a substitute, an infusion of *Mexicanthea*. The only other item of treatment to be named, was the application of a cautery to the upper part of the left arm.

Dr. Renaudin, the reviewer of the case, makes some remarks on the supervention of pulmonary inflammation in this and similar cases. Not only this, but hemoptysis sometimes happen. Guislain and others have also noticed pulmonary gangrene in several instances. Again, there are some, in which perforations of the intestines, or intestinal gangrene, are complicated with the above. It would seem from the observations of the author and his commentators, that they are in doubt whether the

diseases are the result of a persisting refusal to take food, or merely coincident with it.

Another symptom often accompanying this condition is a pain in the region of the œsophagus, and this is evidently connected with the diseased taste, and the apprehension of poisoning from the food taken.

One of the leading indications of treatment in all such instances, whatever may be the cause of refusal, is to endeavour to restore the digestive canal to its healthy condition.—From the *Annales Medico-Psychologiques*, April 1849.

THE TREATMENT OF EPILEPSY.

DR. CHENEAU has presented to the Academy of Science, Paris, a memoir on the treatment of epilepsy which is well worthy perusal. He desires to prove that the disease is curable by medicine, resting his principal mode of arresting its progress upon the judicious employment of digitalis. The cases that have proved the most inveterate have yielded to a perseverance in the use of this remedy for a period of six or eight months. He has submitted six instances to the Academy, in which he has been successful; the first occurred at the Bicêtre, under the care of Dr. Voisin. A young man, aged twenty, had been epileptic, it is supposed from fright, from his fourteenth year; two months' treatment restored him to health. The second was one in which the disease, produced at the age of thirteen by fright, had lasted till the individual had attained his forty-second year. The treatment commenced the 20th of April, 1846, and after the 10th of June in the same year he had no attacks, which before had appeared, it is true, at only very long intervals; as many as six years having at one time elapsed without any access of paroxysm. The third case is certainly one as singular as any that has been registered

upon the rolls of medical science. A young lady, thirteen and a half years old, had been subject for several years to the disease which had at length brought on idioey and paralysis of half the body; the paroxysms were not very frequent, but were of great violence frightening the persons who nursed her, the countenance wearing a purple and almost a black hue, which sometimes lasted twelve hours after the fit had ceased; the hemiplegia, which was of the right side, prevented the movement of the limbs, and partially affected sensation. The treatment was commenced on the 4th of July, 1846, and by the month of January in the following year, the epileptic fits altogether ceased. A year has elapsed since the young lady has been able to go on with her education, and she is also able to run in the garden and to amuse herself with gymnastic exercises. The fourth noticed is that of a young girl of ten years of age, upon whom epilepsy supervened after fright; it had lasted two years, but soon yielded to the usual remedy of Dr. Cheneau. The fifth case was that of a patient in the Bicêtre; he was, when placed under the treatment, sixteen years of age, and had been afflicted by the malady since he was five years old. At first, the paroxysms were but slight; he suddenly turned himself mechanically round any object immediately in his neighborhood; this lasted about a minute. As the disease advanced, he had convulsions, and the fits became very frequent. The remedies were commenced on the 2nd of October, 1847, and in January, in the following year, was his last attack. Since that time his health has become perfectly established. The last case carries with it the same interest as the preceding ones. A boy, of ten years of age, after having been for three years subject to frequent fits, once as many as fourteen in twenty-four hours, was subjected to the use of the digitalis, and at the end of two months was an instance of the excellence of the system

pursued by Dr. Cheneau. The essay is well written, and certainly demonstrates that digitalis, properly combined, has cured epilepsy, even when complicated with paralysis and idiotism; that the cure has not been confined to youth, but has been decided even at an advanced age and that the time occupied has not been of great duration. An incidental subject of discussion has been the subject of the sudden paleness of the face which has been noted down by the nosologists as one of the symptoms of epilepsy. One of the characteristics, as given by Georget, in the "*Dictionnaire de Medicine*," is "extreme pallor of the face, suddenly coming on towards the end of the fit, succeeding to a redness more or less intense which previously existed." In the hospital of the Bicêtre, one hundred and twenty fits have been watched with the most scrutinizing care, and this state has never once presented itself; on the contrary, the redness came on during the paroxysm, continued throughout the convulsions, and often lasted for some time afterwards. On no one occasion was the sudden paleness observed.

M. Delasiauve, one of the physicians to the Bicêtre, is investigating with great attention the resources which we possess for the cure of epilepsy; his observations on the employment of sedatives are of considerable value. To valerian he gives the first place, though he does not speak of it quite in as sanguine language as did Tissot; a decoction of valerian given in doses of two wine glasses full, morning and evening, have produced a radical cure, but the medicine requires to be persevered in for a considerable length of time, otherwise it is of little avail; assafoetida decidedly moderates the violence of the access, but it does not seem to produce the same permanent good effect. The hydrocyanate of iron is found in some instances very beneficial, belladonna and digitalis

are each serviceable, but Pluvrey of Lille prefers a combination of the two. The root of artemisia is occasionally useful; of liquid ammonia, according to the formula prepared by Martinet, he has some good reason to speak; and will shortly give the results of his experience; camphor is found in those cases where the reproductive system is in a high state of excitement, as not unusually occurs in epileptics, to be of remarkable service; zinc, musk, castor, ambergris, have but little curative power; preparations of copper are to be but little confided in; nitrate of silver has lost the high character it once obtained; sulphate of quinine has also fallen into disrepute. He enters very minutely into the subject of the diet and exercise of the patient, preferring vegetable to animal food. It is to be regretted that the series of papers which this observant practitioner had prepared for the press are for the present suspended, for want of that encouragement which would have been at another period given to enquiries of such deep moment.

HEREDITARY INSANITY.

M. BAILLARGER is engaged on a series of "anatomical, physiological, and pathological researches upon the nervous system," but he has not yet completed the work, nor, in the present state of psychological science at Paris, is there much prospect of it; a translation into English, doubtless, would be eagerly read by the profession at large. His observations on the development of the brain form a remarkable addition to the knowledge we have obtained through Reil, Tiedemann, and Desmoulins; he arrives at the conclusion that this organ is developed from within, and is increased by intromission. His observations upon the hereditary nature of madness are

invaluable; they are the result of a long series of indefatigable labors, and show how much he is in earnest in his inquiries after facts. He chose the three following questions for solution:—

Is the madness of the mother more frequently transmitted to the child than that of the father?

In the case of hereditary madness, is the disease of the mother transmitted to a greater number of children than a similar malady in the father?

Is madness more often transmitted from the mother to the daughters—and from the father to the sons?

No less than 600 cases have been investigated by him for the purpose of arriving at some distinct conclusions. It would be difficult for any one but an individual so advantageously placed as is Dr. Baillarger, at the Bicêtre, to have been able to collect such a quantity of statistic details as to have furnished him with proper data, for there are no documents existing which could be of much service; the only report of the kind being one which was made by Aubonel and Thore at the Bicêtre, and this of so limited a nature as to be of comparatively little value. From Dr. Baillarger's cases the result was, that of 453 insane individuals, 271 had become so through the mother, if such an expression may be allowed, and 182 through the father, answering the first question by a large proportion passing through the female side.

The second question was resolved from 271 families, in which the mother had transmitted the disease—in one infant in 203 cases; in two infants 62; in three, five cases; in four infants, one; that is to say, that in one-fourth of the instances the mother's disease was shown in more than one case; out of 182 families in which the disease descended from the father, a single child was diseased in 152 cases; two children, 36 times; three infants, four times; that is to say, that the madness appeared only in one-sixth of the instances, proving that

the mother's malady affected the greater number of the descendants.

The third question, whether the mother more frequently transmitted the disease to the girls, and the father to the sons, out of 346 children, he found that from the mother's side 197 girls, and 119 boys were affected; and from 215, where the father had been the original source, 128 boys and 87 girls were affected, showing that the madness of the mother more frequently exhibited itself in the females than in the males; whilst, on the contrary, the madness of the father showed itself in the proportion of a third in the boys over the girls. Many are the physiological deductions which Dr. Baillarger has drawn from these inquiries, which, when the whole of his invaluable work is finished, will throw a great light upon the subject of hereditary madness.

EFFECT OF SOLITARY CONFINEMENT ON THE MIND.

A Letter to the Editor of "The Times,"

BY FORBES WINSLOW, M. D.

THE important question relative to the influence of what is termed "solitary confinement" on the minds of criminals is, at this moment, exciting much public attention. It is a subject of great gravity. It is not my purpose, on this occasion, to enter at length into its consideration. I merely now write to raise a feeble voice against a system of treatment which, in my humble opinion, is fraught with much mischief to the minds of those unfortunately exposed to its pernicious influence.

Were I disposed, I could cite the particulars of many cases of incurable insanity which I could most undoubtedly trace to this cause. The advocates of the solitary system of treating prisoners may have it in their power to adduce instances subversive of my view of the ques-

tion, and be able to point with exultation to numerous cases of persons who have escaped unscathed from the solitary cell. This proves nothing. A man may expose himself with impunity to the influence of a most virulent contagion; but, because the poison has no effect upon his constitution, it would be most illogical to infer its non-existence. A man naturally with a strongly constituted mind, united to a vigorous body, may for years be confined in a solitary dungeon, without one ray of light beaming upon his solitude, and his mind may give no indications of diminished power. I am ready to admit, that positive insanity may not develope itself as the effect of solitary confinement. The mind may not be so disturbed as to give rise to "derangement" of the intellect. The perceptive faculties, and even the powers of ratiocination, may present little or no symptoms of disease; these may be, and often are, even in cases of protracted solitary imprisonment, capable of a healthy exercise. But it should never be forgotten, that the mind may be seriously injured, without its presenting evidences of delusion or false perception. The absence of such morbid phenomena is often referred to as demonstrative of the position, that the solitary system of treating prisoners is not destructive of the sanity of the human mind.

Such reasoners take as a test of insanity, the presence of a false creation either of the mind or the senses, and will admit no man to be insane who does not believe in the reality of ideas which have no existence except in his imagination. This is not the philosophical, the medical, or the psychological test of insanity. If positive delusions of the mind are not engendered by the system of treatment, great impairment of the intellectual powers, often amounting to imbecility, are, in many cases, the inevitable, the natural, and melancholy sequel. *A priori* reasoning must force such convictions on the mind. It is an undeniable axiom in physiology, that the brain is the

material organ of the mind ; and, without discussing the metaphysical question as to the mind being a principle *per se*, capable of a separate and independent existence, no person formed by education to arrive at just conclusions on a subject, necessarily involving in its consideration scientific details, could, for a moment, hesitate in admitting the truth of the position, that the human mind, during its present state, is entirely dependent for its manifestations on the condition of the material organ or organs with which it is associated. The brain is the physical medium through which the mental powers are developed. Such being the fact, the state of the mind is dependent on the condition of the cerebral apparatus. Any agents, be they physical or moral, directly or indirectly interfering with the natural—the healthy action of the brain, must, as a natural consequence, derange or weaken its functions. To guarantee health of mind, it is an indispensable condition that the brain should be regularly exercised. Occupation is essential to the integrity of the mind. The brain, like the organ of digestion, requires food. Mental assimilation must be progressing, materials must be supplied, otherwise the mind will either prey upon itself, or the brain, for want of a stimulus (the stimuli of ideas), will become deteriorated in its physical condition, producing great debility, perhaps imbecility of mind.

To preserve the intellectual powers in a state of health (setting aside altogether the idea of insanity), they must be subjected to regular exercise. If a person be placed in such a position, that he is excluded from all intercourse with his fellow-men, no attempt being made to call the powers of the mind into operation, the brain will fall into a state of atrophy, and great weakness of mind will result, as the natural physiological consequence. This position is undeniable. Experienced men have frequent opportunities of witnessing cases of “impaired

mind" (often the most distressing cases to treat), the effect of the mind (or brain) not being sufficiently exercised. Instances, presenting the following characteristics, are not of uncommon occurrence:—

A man accustomed, from early life, to active mercantile pursuits, accumulates a fortune sufficient to enable him to support his family in affluent circumstances. He retires from his counting-house with the determination of spending the remainder of his days in domestic felicity, free from all the anxieties and annoyances incident to the life of a man engaged in the pursuits of commerce. At the commencement of his new career everything looks promising; he appears a contented man. In a short period, he feels the want of something; the mind is not at ease; he is dissatisfied with his position. He then discovers that his ill-health and disturbed mind are the consequences of an abstraction from his accustomed stimuli. He is advised to return to his counting-house, and to resume his former occupation. He does so, and the mind is soon restored to its healthy equilibrium, and he is again a cheerful and a happy man. The above case (which is not a hypothetical one) will illustrate my position, in reference to exercise of mind being an indispensable condition of mental health. I will leave the supporters of the solitary system to prove how this condition can be complied with, under the painful circumstances in which criminals are placed who are subjected to this mode of punishment.

There is another view of the question, which appears to be entirely overlooked. The fact of a man being a criminal is *primâ facie* evidence, not of his being insane, but of his having, if not a predisposition to mental derangement, at least a very irregular, ill-governed, and, it may be, an unhealthy mind. This irregularity of mental operation--this perversion of the moral principle--is often associated with latent insanity; is frequently but one of

the many phases which the minds of those assume who are hereditarily predisposed to mental aberration. A man is not necessarily insane, because he is guilty of an atrocious crime; but the tendency to crime is so repeatedly connected with deranged conditions of the mind, that common humanity would induce us to inquire whether the criminal offence is not the first overt act of insanity?

A woman suddenly jumps up from the breakfast-table, and endeavours to precipitate herself from the window. She is prevented from doing so. To her family and friends she has given no previous indications of insanity. She was calm, collected, and rational in conversation. Apparently, her ideas were not perverted. She engaged zealously in all the active duties of life; in fact, was considered and treated as a person in the possession of a perfectly sound mind. The attempt on her life was thwarted, but from that moment she gave unequivocal indications of a mind greatly disturbed. She was a furious lunatic. Apparently, the attempt at suicide was the first manifestation of her disorder. Had this poor girl (whose case was under my care) succeeded in destroying herself, a verdict of *felo-de-se* might with justice have been recorded. By parity of reasoning, may not an extremely vicious propensity or act be the commencement or premonitory sign of insanity? I have not the least doubt it is so in many cases. As mental aberration often manifests itself in acts which the law considers criminal—as crime is so frequently associated with derangement of mind, and with a constitution predisposed to insanity, it becomes the sacred duty of the Legislature to protect criminals from being exposed to the influence of agents, known both to generate disorders of the mind, and to develop those affections in persons constitutionally liable to them. The time, I trust, is not very remote when more philosophical, and, as a sequence, more

liberal views will be taken of those actions designated criminal, and when, without exhibiting any maudlin sentimentality towards those who violate the conditions which bind society together, we shall, in the spirit of our common Christianity, look with great leniency on the faults and failings of our fellow-men.

PUERPERAL INSANITY.

Dr. WEBSTER states, that in 1091 curable female patients recently attacked by insanity, and admitted into Bethlem Hospital, during the last six years, 131, or one-eighth of the whole, were puerperal cases ; thus showing the malady is not so unfrequent as many may believe. Again, as to the curability of this form of mania, more recoveries were reported than in the other varieties of lunacy ; 81 puerperal patients having been cured, or at the rate of 61.83 per cent : whereas the average recoveries, during the last twenty years, in all cases of insane females treated at this institution was 51.67 per hundred. Hence, three in every five cases of puerperal insanity may be confidently expected to get well within a year. In regard to hereditary tendency to mental disease, 51 of the 131 patients were so predisposed, or 38 per cent ; whilst 41 were suicidal, being at the rate of 31 in every 100. Both of these peculiarities are of much importance in the malady, and materially influence the disease, its progress, and result. The total deaths in the 131 puerperal patients amounted to six, or four and a half per cent, thus making the average rate of mortality nearly the same as in other species of insanity, taken collectively. Dr. Webster advises the same principles to be followed in the treatment of this malady as in delirium tremens, since the nature of the two diseases are somewhat analogous. Depletion, or the use of strong

antiphlogistic remedies become very seldom admissible. Leeches are in some cases advisable, but they should be applied with great caution, and their effects carefully watched. Opium, camphor, ammonia, and aromatics, with some of the diffusible stimuli are excellent remedies, and ought to be chiefly relied upon. When opium fails to procure sleep, so beneficial in this, as indeed in every form of insanity, then conium, hyoscyamus, or Indian hemp may be substituted. Mild purgatives, to open the bowels, and sometimes cathartics should be prescribed; but powerful drastic medicines are seldom advisable. Enemata are also useful, and sometimes with turpentine. When the disease assumes a more chronic form, setons, or issues may be made in the neck, &c. The shower bath, from its strengthening influence, then acts beneficially, whilst tonic remedies, with more nutritious food become necessary, and prove advantageous; indeed, low diet is very often prejudicial in insane patients, and it has been long remarked in many asylums, that improved nutriment, especially in lunatics who have previously suffered privations, frequently becomes a powerful means for promoting recovery. In recent cases of puerperal insanity, when the circulation is accelerated, accompanied by evident congestion of the brain, leeches to the temples, and behind the ears, or blisters, might be applied, and afterwards cooling lotions, with ice to the head; whilst tartar-emetic, or ipecacuanha, in nauseating doses, and digitalis, may be administered for the same object. Besides medical treatment, moral means, with judicious occupation and amusements, when proper for the patient, must not be overlooked, as they very often constitute effective adjuncts in the management of this as well as other forms of mental disorder.

PROVISION FOR THE INSANE IN FRANCE.

A LAW was enacted in 1848, directing the establishment of a Lunatic Hospital in each of the eighty-four Departments of France; a law which, however, has not yet been fully carried out. It appears from recent reports made to the French Assembly, that the number of the insane poor, in the different Departments of France is 12,286; viz. 5,935 males, and 6,354 females: for whose support during the last year, 4,826,168 francs (\$965,233) have been expended. The insane of France, as in our country, are treated in special Asylums, in Alms-Houses, where special quarters are assigned them, or in particular establishments. The ratio of their allotment is as follows;—in 37 public asylums (not including the national one at Charenton) 6,060 patients; in 25 Alms-Houses, 5,621; in 11 special establishments, 1,905; total, 12,286. These different establishments are situated in 61 Departments, and distributed as follows: twenty-two public asylums are situated in the principal towns, or capitals of the department; one in the chief town of an *arrondissement*, and 14 in the chief town of a *canton* or district (that is, a sub-division of a department); making a total of 37 different public asylums. There are 18 Alms-Houses in the chief towns of a Department; one in the chief town of an *arrondissement*, and 6 in the chief towns of a *canton*, making a total of 11 particular establishments. Of these 12,286 insane poor, the department of the Seine includes 2,536, about one-fifth of the whole number, showing very clearly the influence of a city life in causing insanity. The department of the Lower Seine has 410 poor insane; Bouches-du-Rhone, 358; the Rhone, 320; the North, 270; Calvados, 230. The departments of the Còrse has 30; the High Alps, 35; Indre, 80; Eastern Pyrenees, 35; these departments have the lowest, as the former have the

greatest number; showing the influence of healthy locality, mountain districts, and a rural life, in diminishing the ratio of insanity. It is a somewhat singular fact, that these departments of France which are poor and have the least fertile soil, have a greater proportion of foundling children to support, and fewer insane than other departments. The number of insane females in France is greater than that of insane males, the department of the Seine offering the greatest difference; while that of the high Alps, the Corse, and Tarn-et-Garonne, presents a contrary result.—C. A. LEE, M. D., in the "*Buffalo Medical Journal*."

A LETTER FROM AN INMATE.

New York State Lunatic Asylum, Utica.

TO THE PRESIDENT OF THE UNITED STATES.

Beloved and Honored Sir,—Feeling impelled with an irresistible influence, that is found we trust in Jesus the Lord Christ, and comes from that wisdom that is from above, that is first pure and then peaceable, full of good works and easily to be entreated. We have ventured to entite a composition to the President and the subject is the Jubilee of the World,—the fifty years that are numbered to us from the birth of the Messiah. The writer is a resident of the Asylum in Utica, State of New York, and desirous of singing the music of Redemption. In the name, therefore, of all Ladies and Christians, we will say for ourselves, that from Bethlehem shall sound aloud the trump of Israel's Jubilee. We read in the Scriptures that once in fifty years every slave shall be set at liberty: this fifty years is now at hand; it will be a long time before this glorious opportunity will again return. The servant of God knows the pleasure scented in his service, and many a life can embrace but one Jubilee. Is this trumpet so choked with thorns and worldly cares that from the seat of our principal Governor the Christian will listen in vain for its joyful sound. Dear Sir, read this letter and see if the word of God is read and understood as it ought to be,—advise and entreat—suggest to their discretion and judgment, the propriety as a people,—of every slave in the United States being set at liberty on this Jubilee. "Not one jot or one tittle shall pass away,"—read the Bible and pray over it with this understanding. We may be a peculiar people, but we have no instructions to teach us that God is a peculiar God; we are told that the sun shineth on the righteous and upon the unrighteous; there is a superintending providence that watches over and protects every nation, and this fiftieth year is interesting and impressive to all. Let the trumpet, we again entreat in the name of Jesus the Lord Christ, sound aloud from Bethlehem.

If this notice was to be read in Congress, it might suggest to those that respected the word of God and obeyed its laws, the propriety of keeping the year of Jubilee as commanded; let them hire their work done for this year, and after this buy for six years only; this term is the time allotted for the labor of a slave—this is long enough to establish a good character and steady habits—and if their work must be done, and slavery the only means of compulsion, six years would be endurable both for master and slave if understood on both sides. Redemption could then be looked upon as slow, but certain, and the gradual cure could be hoped for as perfect. We are, as a people, educated to respect the Bible, and if this was understood to be the law, all would submit.

Urge the preaching of the Gospel, and re-urge it, and the laws as good and perfect. Search the Scriptures, and re-urge the searching of the Scriptures, that they may be taught and fulfilled as they are written and enjoined. Few will see another Jubilee, it is a solemn consideration. Let the trump of Israel sound aloud from Bethlehem. Perhaps some will be disposed to say during their lives, that they know and feel that the opportunity of doing God service is a glorious opportunity, and that before another fifty years roll around every coming season must be fulfilled. The music of Redemption is alone worthy of immortal minds. Lend your influence, Governor of our people, and give assured evidence that the Christian voice at least shall be raised, and that Israel shall sound the Jubilee from Bethlehem.

It is also our opinion that if everlasting life was understood and preached as it ought to be, it would be the salt of ability, and not the blood of our brother that would be required in expiation, and that capital punishment would be felt and understood to be only the infliction of ignorance with respect to religious truths and barbarism. It will be considered so before another Jubilee, we trust, besides, the law is, that we shall not do evil that good may come.

The wisdom of Jesus, the Lord Christ, must and will shine to the enlightening of every darkened mind upon this point.

With the greatest respect, we are,—Honored Sir,

Your Humble Servants,

A writer for the Ladies of the United States,

Desiring only to place their names in the Lamb's book of life,

And we are in subjection, no, not for an hour.

OHIO STATE LUNATIC ASYLUM.—Dr. William M'c Awl has resigned the office of superintendent of the Ohio Lunatic Asylum. His resignation, we understand, is to take effect on the first day of July next; and the Board of Directors will meet at Columbus, on the 14th of May next, to appoint his successor.

OBITUARY.

DIED at Northampton, Mass., Sannel B. Woodward, M. D., aged 63 years, long and favorably known as Superintendent of the State Lunatic Hospital at Worcester. It is hoped that a complete sketch of his life and character will soon be prepared and published.







